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ABSTRACT

This annotated bibliography on health related subjects lists more than 300 items emphasizing the relationships between communication, occupational role, technology, organizational design, and institutional policy. Items are classified (and cross-indexed) according to the following variables: organizational design, policy, communication, sociological dimensions, social psychological, diagnosis, methodology, education, and books. Most of the items have been gathered into a library stored at Michigan State University. (JM)

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Organizational Communication in Health Care Settings: A Selected Annotated Bibliography

By

James A. Taylor
David M. Baum
R.V. Farace

Michigan State University

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David M. Baum

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Contingency theories of organizational behavior specify that occupational behavior will vary as a function of sociological and technological constraints within a system. Given this, we might look at the communication behavior of health-care practitioners to be a function of institutional constraints, professional constraints, and technological constraints.

The researcher would expect different results between whole systems, between departments within institutions, and between role incumbants performing technological functions within departments.

Therefore, the authors have gathered literature from a variety of health related journals ($n \tilde{=} 50$) which emphasize the relationships between communication, occupational role, technology, organizational design, and institutional policy.

The bibliography consists of more than 300 items and a cross-indexed ordering to the following classification variables:

1. Organizational design of health care systems, professions, and legislation that dictate their organization and operation.
2. Policy as it relates to decision-making in the health care and practitioner setting. Policy is inclusive of rule analysis and rule theory.
3. Communication as a two-dimensional variable.
   A. Communication within and between all members of the Health Care Team and their respective institutions.
   B. Communication theory and informational systems design.
4. Sociological dimensions of consumers of health care.
5. Social psychological variable that effect delivery of health care from a Health Care Team member and acceptance of the

care and subsequent rehabilitation by the patient.

6. Diagnosis organization problem in the health care system or relational difficulties in patient diagnosis.
7. Methodology of health care procedures policy and organization and analysis of the supporting technological systems that surround the institution of health care.
8. Education by the Medical School for their students in diagnosis, health care delivery, and effective communicative relationships between patient and physician. This category includes efforts by the various medical professions to educate society of the benefits of efficient health care delivery and the public's role in the delivery system.
9. Books (B) is a general category that includes volumes from judicial and legislative review of health care and the broad field of professional and para-professional care within the health care institution. These were selected on the basis of the frequency by which they were referenced in the health care studies cited.

Most items have been gathered into a library stored at Michigan State University. Abstracts of each of these will be included in the bibliography. The abstracts include:

A. Statement of the major premise
B. Theoretical orientation
C. Methodology
D. Relevance to the continued study of organizational communication in health-care settings.

Finally, a selected number of journal articles and major volumes are included which have not yet been abstracted.

This bibliography is not represented to be complete at this point in time. Research reported is part of a continuing effort. The authors are concerned that bibliographies have a relatively short half-life, and hence have released this admittedly incomplete document.

Allekian, C.I. Intrusions of Territory and Personal Space: An Anxiety-Inducing Factor for Hospitalized Persons - An Exploratory Study. Nursing Research, 1973, 22, 236-241. 5, 3, 1

The hypothesis that anxiety is felt by patients when territorial and personal space intrusions are made is discussed. Responses from patients are compared.

Aitken, R, C.B. Communication of Symptons'. University of Edinburgh, 1970, 74-79. 6, 3

The need for a system which would communicate symptons in an analogue form is discussed. The limitations of such a system are presented. An analogue system based on measuring depression, anxiety, asphyxia, insomnia and feelings are generated by film sequences are advocated. 6, 3, 5

Altounyan, E.H.R. The Philosophy of Treatment. Lancet, 1933, 2, 678-680. 6, 2, 7

Philosophy of treatment is cited as the most vulnerable area of the medical profession.

Alvarez, W.C. Care of the Dying. J.A.M.A., 1952, 150, 2, 86-91. 6, 5, 2

Physician honesty and candor are indicated as the most often desired approach to care for the dying. A strong and healthy physician offers encouragement to dying patients.

Ambuel, J.P., Cebulla, J., Watt, N., & Crown, D. Urgency as a Factor in Clinic Attendance. American Journal of Diseases of Children, 1964, 108, 394-398. 5, 6, 3

Emphasis on physician urgance of patients to not forget return appointments for follow-up health care is given. Dicussion of the setting, methods and results for the study are detailed.

Anderson, E.M., Leonard, B., & Yates, J. Epigenesis of the Nurse Practitioner Role. American Journal of Nursing, 1974, 74, 1812-1816.

Discussion of the development of nursing programs from a traditional to a practitioner emphasis in training. Three dimensions that are salient to this specialized role are competence, independence and intimacy.

Asher, R. Talk, Tact and Treatment. Lancet, 1955, 1, 758-760. 3, 5, 2, 7

Truthfulness and frankness are questioned in relation to doctor-patient relationships.

Atchley, D.W. The Role of the Patient in Medical Education. JAMA, 1963, 396-398. 8, 1

Patient participation in medical school training and collection of diagnostic data.

Austrian, C.R. The Care of the Patient. The New England Journal of Medicine. 1940, 223, 695-702. 6, 3

Essential functions of the physician in the treatment of the sick are discussed: individualize the patient; treat the patient rather than his disease; to protect patient from misguided beliefs and to limit emotional and economic strain.

Bacon, F. National Health Insurance. A.J.P.H., 1970, 61, 6, 1072-1074. 1. 2

The contention that national health insurance should be available to all people and that the program should be developed based on a principle of pay what the subscriber can afford is posed.

Baker, R.L., & Spencer, W.A. Considerations for Evaluating Transferable Automatic Information Systems. Computers and Biomedical Research, 1974, 7, 249-265. 3, 1

Development and implimentation of automatic information systems to reduce the cost of handling medical information and to provide a network of nationwide health information is proposed.

Balint, M. The Doctor, His Patient and the Illness. Lancet, 1955, 1, 683-688. 3, 5

Patient-doctor relationship in general practice is documented through case studies.

Balint, M. The Doctor's Therapeutic Function. Lancet, 1965, 1177-1180. 6,

A summary of research over a fifteen year period dealing with the development of a program to advice practising doctors to better understand their patients emotional problems. Therapeudic intent and therapeudic effect are contrasted.

Barach, A.L. Extramedical Influence of the Physician. JAMA, 1962, 181, 5, 393-395.

Physicians moral role in diagnosis, treatment and counseling. Traditional medical counseling versus a comprehensive approach is illustrated in a case study of a moderate smaker and moderate drinker.

Barnett, K. A Theoretical Construct of the Concepts of Touch as They Relate to Nursing. Nursing Research, 1972, 21, 102-110. 5, 3

The current theories of touch in relation to nonverbal communication in America by the nursing profession are examined. Observers of nurse-patient interaction cite touch as a "communication mechanism."

Bartemeier, L.H. The Attitude of the Physician. JAMA, 1951, 145, 15, 1122-1125. 5, 3

It is felt that today's modern medicine practice is geared too much toward the science aspect of medicine; the physical, chemical, and bacteriological. Today's attitude of physicians towards patients is in part due to his medical school instructors attitudes. In many cases, the physician's attitude is an important factor in therapy of a patient.

Barton, D. The Need for Including Instruction on Death and Dying in the Medical Curriculum. Journal of Medical Education. 1972,47 169-175. 8

Lack of understanding the psychological and social needs of a patient with terminal illness can cause medical personel to avoid their patient responsibilities. Instruction on death and dying in the medical school curriculum would help to promote more efficient medical care in the future.

Beith, J.H. The Human Touch in Professional Life. Lancet, 1925, 2, 691-693. 5

A warm personality is important to professional performance. There is an "art of touch" to handling patients, yet maintaining a sense of authority. Professional informality often benefits patient-doctor relations. 5, 3

Beloff, J.S., Korper, M., & Weinerman, E. Medical Student Response to a Program for Teaching Comprehensive Care. Journal of Medical Education, 1970, 45, 1047-1059. 8, 1

After four years of experience with a program teaching comprehensive care, in which 3rd and 4th year medical students are given increasing responsibility over a full academic year for the care of a number of families in a health team setting, the following results were acquired by the FHCP (Family Health Care Project). The attitudes of the students changed in such a way as to appreciate the values of a comprehensive health care plan and the team that carries it out. Also the students accepted increasing responsibility well, and gained needed experience. The program shows that the earlier in the med. school that the values of the FHCP are instilled in the student (on a continuing basis), the more positive is the change of attitude towards comprehensive health care.

Berblinger, K., & Greenhill, M. Levels of Communication Ulcerative Colitis. Psychosomatic Medicine, 1954, 16, 156-162. 3, 5, 6

Discussion of medical communication in relation to case histories of ulcerative colitis. Description of how differently the patient reports symptons, signs and feelings. It then relates these symptons to problems that the patient might be having in their daily life.

Advocation of doctor recognition of both types of problems: It illustrates that in times of stress, different and unconscious methods of communication may be used, i.e., instead of telling him the real problem the patient may feel it physically, psychosomatically, and tell him about that instead.

Blackwell, B. Upper Middle Class Adult Expectations About Entering the Sick Role for Physical and Psychiatric Dysfunctions. Journal of Health and Social Behavior, 1967, 8, 83-95. 4, 5, 3

Upper middle class as a target for health education. Discussion of the upper middle class disposition toward treatment of sickness and cost of health care.

Bloom, J., Peterson, G.W., & Aanes, D. A Computerized System for Uniform Reporting of Personnel Costs and Assignments. Hospital and Community Psychiatry, 1974, 25, 86-89. 1, 3, 2, 7

A report on Minnesota State Mental Hospitals' system of reporting personnel costs and assignments for ten state hospitals.

Bloom, M., Duchon, E., Frires, G., Hanson, H., Hurd, G., & South, V. Interviewing the Ill Aged. The Gerontologist, 1971, 11, 292-299. 6, 5

Interviews taken of the ill and/or aged must minimize stress. Limitations of the "interviewee" must be strictly taken into account. Patience must be utilized. Emotial limitations as well as physical must be dealt with.

Comments on interviewing: Must be honest, reliable, objective, neutral, interested, neat. Know what you are interviewing about. Be friendly. Put the other at ease.

Bodenheimer, T.S. The Hoax of National Health Insurance. AJPH. 1972, 62, 10, 1324-1327. 1, 2, 3, 4

Todays' insurance plans do not meet the cost of medical care for the average person. Discussion of the many differing subsidy plans; discription of a better developed MCHR (Medical Committee for Human Rights) plan for insurance coverage is presented. Under the MCHR plan care would cost less and the principals of development would be socially acceptable.

Boles, R. Responsibility of Physician to Patient. JAMA, 1951, 147, 8, 711-714. 5, 3

Physician role in society is very important. He has many responsibilities to his patients. A physicians cultural background effects his relations with patients. The author advocates that all medical students serve several years in general practice before entering specializaton.

Bordin, E. Dimensions of the Counseling Process. Journal of Clinical Psychology, 1948, 4, 240-244. 5, 7

Three problems must be recognized for effective counseling: 1) Helping an individual to solve his psychological problems interviews. 2) How easily can the patient help himself. 3) How sensitive is counselor to the feelings of the patient.

Bowman, R.A., & Culpepper, R.C. Power: Rx for Change. American Journal of Nursing, 1974, 74, 1054-1056. 2, 1, 3

Many nurses see themselves as powerless against other health professionals. The idea of nurse power has come about with ideas of women's rights. They have begun to form conscious raising groups (F of SO & ANA), to gain participation in decision making.

Professional groups are being asked to recognize the nurses' professionalism. As nursing becomes a more powerful profession, health care will improve.

Boyle, C.M. Difference between Patients' and Doctors' Interpretations of Some Common Medical Terms. British Medical Journal, 1970, 2, 286-289. 2, 1, 3

Boyle shows explicitly that: 1) Doctors do not always agree even between themselves on interpretation of common health terms they pass on to patients. 2) Patients did not agree on the meaning of many of the terms. 3) When showed diagrams of the human body, doctors always agreed as to the positions of the various organs in the body. The patients consitently never know were the location of the organs. 4) More accurate communication between doctor and patient as to nature of problems should be utilized.

Brackenbury, Sir H. Patient and Doctor. Lancet, 1934, 2, 905-906. 5, 3

The doctor should be regarded as expert health advisor, not disease curer. He must apply his knowledge efficiently.

Fears and reactions of the patient are important in each interaction.

Brant, C., & Kuzner, B. Physician-Patient Relations in a Teaching Hospital. Journal of Medical Education, 1957, 32, 703-707. 5, 3, 8

Medical students should work with patients early in their studies so they can deal more efficiently and knowledgeably with the patient. A study was undertaken concerning patients responses and feelings during a stay in the hospital: 1) Diagnosis is never fully explained how patient felt. 2) Patient felt he wanted to ask more questions, but doctor couldn't be bothered. 3) Nurses can't often answer questions and often forget patients requests. 4) Often acquire misinformation from other patients showing that the patient was insecure in hospital care.

Braunwald, E. Future Shock in Academic Medicine. The New England Journal of Medicine. 1972, 286, 19, 1031-1035. 4, 7

Physicians coming out of schools aren't patient oriented but rather career, success and status oriented.
Women have yet to be really recognized in the medical world.
In the future, health care will be increasingly organized into structured programs.

Brinton, D. Value Differences Between Nurses and Low-Income Families. Nursing Research, 1972, 21, 46-52. 4, 5, 3

Although receiving free health care, many mothers of high-risk illness children didn't bring their children back for 2nd appointments. Study taken as to why: Data analyzed 1) comparison of values held by mothers and nurses - Relatively similiar. 2) Relationship of nurses' perception of low-income families' values to mothers' actual values - Relatively similiar. 3) Relation of values to follow up care. Those who though health care less important were those who didn't keep appointments much of the time.

Budner, S. Individual Predispositions and External Pressures: A Note on Determinants of Attitudes. The Journal of Social Psychology. 1960, 51, 145-156. 5, 3, 4

This article attacks a previous article by Libo concerning "lack of relationship between authoritarianism and attitudes toward socialized medicine among medical students." This article concludes that the scale used to measure relationship between authoritarianism and attitudes was incorrect as applied by Libo and threw his findings off.

Burns, E.M. Health Insurance: Not If, or When, but What Kind? AJPH, 1971, 61, 11, 2154-2168. 1, 2

Health insurance is constantly the subject of great controversy, and is obviously in great need of reform. 1) There must be no financial barriers, 2) the system must be uniformly implemented, 3) services must be economic, and 4) must be responsive to needs of those who use it.
The author discusses the problems of costing the program, and problems of experimentation with it, support for it in the legislature, and the various other pros and cons of the plan.

Bush, J.W., Chen, M.M., & Zaremba, J. Estimating Health Program Outcomes Using a Markov Equilibrium Analysis of Disease Development. American Journal of Public Health, 1971, 61, 2362-2375. 2, 1, 3

By showing some general descriptions of disease development which is demonstrated and explained by the properties of a Markov chain, this article explores the function of Markov model and its importance for developing large health system models.

Calver, H.N. Agency Membership and the State Health Department. American Journal of Public Health, 1965, 55, 807-809. 1, 2

Urging organizations of all the public health workers in every state to work efficiently. State health departments provide leadership in bringing together into a common focus the various professional interests of state public health workers. This endeavor can be strengthened by increased cooperation with the national public health organization, the APHA.

Carlson, R.J. Health Manpower Licensing and Emerging Institutional Responsibility for the Quality of Care. Law and Contemporary Problems, 1970, 35: 849-878. 2, 1, 3

Analysis, consultation and developing professional guidelines for various problems in licensure. The article attempts to determine needed reformes of the licensure system and provide impetus for such reform.

Caplan, E., & Sussman, M. Rank Order of Important Variables for Patient and Staff Satisfaction with Outpatient Service. Journal of Health and Human Behavior, 1966, 7, 133-137. 7, 2, 1

Examination of variables of patient and staff satisfaction with clinic service. Results indicate the importance of seeking overlap between patients' and staffs' interpersonal experiences of receiving and giving of medical care in outpatient clinics.

Carroll, T. Workmen's Compensation and Comprehensive Health Services: Existing and Emerging Patterns. American Journal of Public Health, 1965, 55, 215-224. 1, 2, 7

Discussion of the limited and inadequate provision of medical care for workmen's compensation recipients and then providing alternatives to improve the situation.

Carter, G. History Taking and Interviewing Technique. Journal of Medical Education, 1955, 30, 315-326. 8, 3, 7

Emphasized the ability to take an adequate history and simultaneously keeping the patient comfortable. Successful interviewing technique is a serious problem in doctor-patient relations (interpersonal communication). Techniques can be taught to improve the communication difficulties. A theuretical outline and practical examples are presented.

Cassidy, M. Doctor and Patient. Lancet. 1938, 175-178. 5, 3

Discussion about doctor-patient relationships from the practitioners perspective.

Cavalier, R. Ombudsman is Middle Man Between Clinic Patients and Hospital, Modern Hospital, 1970, 116, 92-96. 3, 2, 1, 5

"Who speaks for the patient?" The author states that ombudsman tries to communicate for the patients with doctors and pharmacists.

Chayet, N.L. Law-Medicine Notes: Abandonment of the Patient. The New England Journal of Medicine. 1965, 1172-1173. 1, 2, 8

Several case studies of malpractice. Provides some solutions for both doctor and patient from the viewpoints of law and clinc.

Chesler, J. The Medical Student and Human Relations. Journal of Medical Education, 1959, 34, 1101-1105. 4, 5, 3

The necessity for contemporary medical students to be educated with human dimensions of illness. The personality of the student has a great deal of influence on their interests in learning behaviors and attitudes of their patients.

Christie, R., & Budnitzky, S. A Short Forced-Choice Anxiety Scale. Journal of Consulting Psychology, 1957, 21, 501. 5, 4, 6

A short example of using the Taylor Anxiety Scale. The result shows that using of this scale is highly reliable. It is recommended when a short forced-choice anxiety scale is desired.

Cole, L. Diagnosis and the Patient. Lancet. 1943, 163-166. 6, 5

Accurate diagnosis is essential. The processes involved in making a diagnosis are part of the treatment. Because of the complexity and interest in special diagnosis methods which emphasize the technical rather than the human side of medicine, patients are not fully informed about their conditions. Knowledge of psychological conditions is important in making an accurate diagnosis.

Cole, L. Treatment and the Patient. Lancet, 1934, 2, 561-564. 6, 5, 3

The right treatment is based on right diagnosis, but diagnosis is only a part of treatment. The best treatment is not automatically followed by a correct diagnosis. So, the author presents some treatment mistakes and suggests some ways to deal with it for both doctor and patient.

Conway, M.E. Are Attitudes Toward Work Related to Readiness to Seek Medical Care? Nursing Research, 1973, 22, 123-129. 5, 4

Data have shown that there is no evidence to support that individual's attitude toward his medical care has positive relationship with his attitude toward his work and his education. Though, the data support that women show more readiness to provide medical care than men do.

Conway, J.T. The Beneficiary, the Consumer-What He Needs and Wants. American Journal of Public Health, 1965, 55, 1782-1786. 5, 4, 1, 2

Poverty prevents people to receive their basic needs and their minimum wants. Without good health people will not be able to accomplish their work, thus poverty arises. Poverty and ill health are closely interrelated. The antipoverty legislation, expecially the portion which supports the local community program, will help to reduce poverty problem in the future.

Cooney, J.P. Jr., Ph.D. The Community Hospital: Ambulatory Services, Statistics and Medical Care Record Data. Medical Care, 1973, 11, 158-169. 3, 4, 1, 2

Based on findings of a recently complete study, this article provides a factual base for discussing and recommending a set of uniform data for ambulatory medical care in perspective community hospitals.

Copp, L. A Projective Cartoon Investigation of Nurse-Patient Psychodramatic Role Perception and Expectation. Nursing Research, 1971, 20, 100-112. 5, 3, 2

The investigation of perceptions the patient holds of nurse's role, and what perceptions does the nurse hold of patient's role. The data provides the comparisons of perceptions from both patients and nurses. In addition, the author suggests that the age variable should be an important factor for future study.

Creditor, M.C. The Neighborhood Health Center. Where Does the Hospital Fit? AJPH, 1971, 61, 4, 807-813. 1, 2

An experience of an agency and an attempt to develop a facility for ambulatory care by and for a large black community are described. Two technical approaches and precautions are recommended.

Croog, S.H. Interpersonal Relations in Medical Settings. 241-271. 5, 3

Research shows that theoretical and methodological contributions of other organizations also feed into and enrich the development of the structure and process in hospitals, several studies of mutual influence in medical settings and other organizations have already begun to take form. Eventually, reports from all organizations can constitute the empirical basis for a general theory to apply to the development of hospitals.

Crown, S. Failures of Communication. Lancet, 1971, 2, 1021-1022. 5, 3, 4, 8

Examples depicting a lack of communication between patients and patient's relatives with medical professionals.

There should be a termination of this non-communication. There should be a positive effort made to teach aspects of human relations in hospitals to medical students.

Cruikshank, N.H. The Public's Expectations in Changing Health-Care programs. Journal of Medical Education. 1967, 42, 713-717. 1, 5, 4, 2

The public expects the new medical professionals to be taught to communicate with the patient as well as being taught the latest skills in technology. A major part of this responsibility falls on the teaching hospitals. They want the medical student to move from the test tube to the bedside. There is also a need for health care education for the public; how the public can find and evaluate good health care.

Cummins, A.B., & Dahl, R.E. To Each Its Zone: Nursing Station Links Care with Support Services. Modern Hospital, 1972, 118, 69-71. 1, 2

In the future, hospital activities will be divided into two "zones": a patient care zone and a support zone. Nursing station "management centers" will link these two zones. The location, function and size of these centers are based on information received by detailed studies of patient care and service episodes.

Dacey, M.L., Wintrob, R.M. Human Behavior: The Teaching of Social and Behavioral Sciences in Medical Schools. University of Connecticut of School of Medicine, 1972, 943-957. 8, 5, 4

Social and Behavioral Sciences are growing in importance in American Medical and Dental Schools. The article reviews the development, outlines the current status, describes the pre-clinical teachings at the University of Connecticut, and evaluates the challanges facing the teaching of Social and Behavioral Sciences.

D'Costa, A. Measurement and Research Principal Investator of the AAMC Longitudinal Project. Physician Peformance Measurement, 1972, 1050-1093. 5, 3, 7, 1, 2

A study was done to evaluate a physician's performance due to the rising concern over the quality of medical care. It focuses on the relationship between doctor and patient and the qualitative aspects of individual physician performance. It studies technical processes, interpersonal processes, simulated processes, measuring outcomes and qualities of a doctor.

Danowski, J.A. Information Aging: Implications for Alternative Futures of Societal Information Systems. University of Southern California, 1975, 1-36. 4, 7, 2, 1

Social Scientists contend that there will be an "older" society produced by the Post War 'baby boom.' The theme of the study is that informational aging, not chronological aging, may be better to base the processes of future societal changes.

Davis, L. Problems Facing Large Information Systems. Presented to the Association for Computing Machinery, 1973. 3, 2, 1, 7

Three significant problems facing large health information systems: 1) there is not present health information system, therefore it's potential cannot be recognized, 2) it is hard to set standards for this work because medical practice itself is so non-standard, 3) there is a lack of software technology.

Davis, L.S. A System Approach to Medical Information. Methods of Information in Medicine, 1973, 12, 1-6. 3, 2, 1, 7

A summary of a computerized system devised for the Kaiser-Permanente (K-P) Medical Care Program. This system is capable of keeping medical data over the lifetime of a patient in a manner which is easily accessable. Developers forsee significant cost reductions. The medical functions control system is being used by the San Francisco Medical Center pharmacies and also outpatient clinics. The use of this control system is beginning to accelerate.

Davis, L. Major Considerations in System and Applications Software Integration. Presented to the IRIA symposium, 1974. 1, 2, 7

There is a great need for a large-scale medical information processing system. The main need for this system is the end user plus the constant retrieval (with speed) of medical data. Davis proposes that facility needs should overcome individual department's need in the use of this system.

Davitz, L., & Pendleton, S. Nurses' Inferences of Suffering. Nursing Research, 1969, 18, 100-107 5, 3

Investigation of how nurses relate to the suffering of patients. Four seperate studies were made on this subject: 1) cultural differences, 2) clinical specialties, 3) patient diagnosis, 4) patient characteristics. The results spurred an interest for further investigation in this study.

Dickoff, J., James, P., & Wiedenbach, E. Theory in a Practice Discipline. Nursing Research, 1968, 17, 415-435. 2, 1

Part one in a two part series on theory in practice. This portion deals with nursing theory and how it relates with nursing practice and nursing research. It gives a full definition of "theory" and "nursing theory" in particular.

Diers, D., & Leonard, R. Interaction Analysis in Nursing Research. Nursing Research, 1966, 15, 225-228. 3, 5, 7

A review of research done on analysis of the nursing-patient interaction. This includes general issues of this interaction and a nursing interaction category system.

Diers, D., Schmidt, R.L., McBride, M.B.A., & Davis, B.L. The Effect of Nursing Interaction on Patients in Pain. Nursing Research, 1972, 21, 419-428. 5, 3, 2

A study which attempts to prove that nursing interaction can aid in relieving pain in patients. A nursing approach which is verbally oriented toward the patient's physical, cognitive and emotional feelings is used to determine how useful this nursing orientation system is to help patients.

Dodge, J. Factors Related to Patients' Perceptions of their Cognitive Needs. Nursing Research, 1969, 18, 502-513. 5, 6, 7

Research focused on a patient's attitudes toward the information of his illness given to him. More specifically, the patient's perceptions of their cognitive needs and the influence they have on personal and situational factors. Statistical data analysis is given.

Duzanec, Z. Experiences with Computer Readable Forms in the University Eye Hospital Wurzburg. Documenta Ophthalmologica, 1972, 33, 199-201. 3, 1, 7

A computerized system is proposed which will type out the full text for surgery and reports on patient's conditions. Duzanec sees this not only as a time saver, but other advantages to the clinic and the doctor as well.

Dye, M.C. Validating a Theory of Nursing Practice: Clarifying patients' Communications. The American Journal of Nursing. 1963, 56-59. 3, 1, 2, 5

Article deals with nurse-patient interaction. It's an attempt to get patient feedback to tell how he feels, what his needs are and if he feels he has been helped in order to provide good nursing care.

Eaton, J. The Client-Practitioner Relationship as a Variable in the Evaluation of Treatment Outcome. Psychiatry, 1959, 22, 189-195. 6, 7, 5, 2

Research done on how effective interpersonal relationships are in the outcome of client-caseworker interactions. Special interest is placed on how the ends don't always justify the means. Also, alternative action a client might select.

Eaton, J.W. Social Processes of Professional Teamwork. American Socialogical Review. 1951, 707-713. 4, 2, 1, 5

Stresses the importance of good interpersonal relationships between all members of participating scientists in team research. Special attention is given to the structure of the relationships.

Egbert, L.D., Battit, G. E., Turndorf, F. H., & Beecher, H. K. The Value of the Preoperative Visit by an Anestetist. JAMA, 1963, 185, 7, 553-555. 6, 5, 3, 2

This article relates how a preoperative visit from the anestetist, informing the patient of the events of the operation and the type of anesthetic used, could help reduce a patient's anxiety and fear of the operation. This method is compared to the pentabarbital for preanesthetic medication. Many references were cited.

Ehrlich, H., & Bauer, M. Therapists' Feelings Toward Patients and Patient Treatment and Outcome. Social Science and Medicine, 1967, 1, 283-291. 6, 5, 3, 2

A study noting the occurance of therapists attachment (giving excess care and or symphathy) for their patients. Integration with socio-economic background, psychiatric diagnosis, pathology, prognosis, treatment and outcome is described. Much data analysis is given on the precedures introduced.

Eisler, J., Wolfer, J.A., & Diers, D. Relationship Between Need for Social Approval and Postoperative Recovery and Welfare. Nursing Research, 1972, 21, 520-525. 5, 4, 3

A study done on self-rating scales performed by the patient himself on his physical recoveries and emotional welfares. A third scale was done measuring the need for social approval by the patient. Relationships between the scales were examined and reported. Much physical data is recorded.

Enelow, A.J., Adler, L.M. Diseases of the Nervous System: An Instrument for Studying Role-Perception in Physicians. A Practial Journal on Psychiatry and Neurology. 1965, 16, 4. 7, 3, 2, 1, 5

A study done to investigate the communication problems between psychiatry and generalized medicine. Attention is directed to the practicing physician, other than psychiatrists, to enhance his awareness and evaluation of treating psychiatric problems which he faces in his daily work.

Este , S.G. Concerning the Therapeutic Relationship in the Dynamics of Cure. Journal of Consulting Psychology, 1948, 12, 76-81. 5, 3, 2

Discussion of how the relationship between client and therapist contributes to the process of a cure. Analyzation of the works of the leaders in the field of therapy and personality theory. Includes psychanalytic theory and theory formulation.

Faigel, H. C. Getting Patients to Follow Advice: The Art of Communication. Clinical Pediatrics, 1972, 11, 666-667. 3, 5, 6

Medical advice not always followed by parents results in unkept, or uncancelled appointments. Also dissatisfaction that is apparent in parents because of misinterpreted lack of concern on the physician's part is examined. The problem is approached through some elementary rules on improved doctor communication techniques.

Falick, J. Departments that Work Together Should Be Planned Together. Modern Hospital, 1970, 116, 99-104. 1, 2, 3

Review of planning operations involved in hospital suite organization. An overall focus of the entire hospital is necessary to create an integrated system. Independent planning results in loss of communication between hospital personnel and patients. Planning needs to be a total team effort toward surgical suite integration for successful results.

Farace, R. V., Taylor, J., Mabee, T., and Shelby, J. Effects of Communication on Patient Satisfaction in an Emergency Room Health Care System. Presented to the International Communication Association, Chicago, 1975. 3, 5, 1, 2

The adequacy of emergency services is directly related to communication exchange between personnel and patient. Patient satisfaction is relative to whether or not their expectations were met, and their actual experience during hospitalization or clinical examination.

Faulkner, J. Medical Education and the Physician. The New England Journal of Medicine, 1954, 250, 927-932. 8

A historical overview of medical education as it evolved from the first U.S. settlers to the present system of organized learning. The medical profession itself presenting direction towards educational development. New trends in curriculum unification are an added dimension to education improvements. As a result of the changes throughout medical education's history, costs have risen. Increased cost causes problems to schools which are not tax supported.

Fiedler, F. E. The Concept of an Ideal Therapeutic Relationship. Journal of Consulting Psychology, 1950, 14, 239-245. 5

Two studies undertaken to find out whether or not a difference exists between theoretical views and techniques and that of the ideal therapeutic relationship found only one factor. Therapists of different schools who possessed higher training tended to agree with each other more so than with professionals of less training. The goals of the therapists are examined and conclusions drawn upon the basis of these two studies.

Fisher, T., and Stevenson, I. The Use of Home Visits in Teaching Psychological Attitudes to Medical Students. Journal of Medical Education, 1955, 30, 203-214. 8, 2, 4, 1

Junior medical students use home visits as part of their study of family interaction and the psychotic patient. A definite effect was the established importance of doctor-patient relationship to the students. This study was successful in the overall education of the student through careful evaluation procedures and in using home visits as a practical educational tool.

Frank, J. The Dynamics of the Psychotherapeutic Relationship. Psychiatry, 1959, 22, 17-39. 5, 7, 6, 3

Article is concerned with the changes in a patient's attitudes and self-concepts under the guidance and in close relationship with the therapist. Also examined is the length of treatment, placebo effect, brainwashing, cures, and additional related studies. The methods of therapy are discussed with respect to their effect and outcome. Through analysis and observation conclusions are expounded.

Freemon, B., Negrete, V., Davis, M., and Korsch, B. M. Gaps in Doctor-Patient Communication: Doctor-Patient Interaction Analysis. Pediatrics Research, 1971, 5, 298-311. 5, 3

Significant relations between different attributes of the doctor-patient communication process were tested. The hypothesis examined, revealed a distinct behavior pattern apparent between doctor and patient. It was found that a physician could improve the general outcome of consultation with the patient by processing communicative techniques.

Freidson, E. The Organization of Medical Practice. New York: Russell Sage Foundation, 1961.

Freyberger, H. The Doctor/Patient Relationship in Ulcerative Colitis. 1970, 18, 80-89. 5, 3

In review of this study it is shown through observations made by doctors involved with patients affected by ulcerative colitis are described. The "object loss" that arises is examined and analyzed. Several patient groups which help gain insight into psychotherapeutic influence are evident within this report. Some valuable information may be gained concerning present attitudes of doctors and nurses toward their patients.

Friedman, R. A Computer Program for Simulating the Patient-Physician Encounter. Journal of Medical Education, 1973, 48, 92-97. 8, 5, 3

Techniques for evaluating changes in patients' conditions with respect to the treatment they are receiving gives basis to a newfound computer system. This system evaluates both aspects and is used as a

tool in giving impartial diagnostic evaluations of the attending physicians' skill in treatment administration. It is comparative to the physician's cognitive approach to treatment. Good results are found experienced by physicians who have taken advantage of this new development.

Fuhrer, M., Ware, K., and Scott, R. The Nursing Attendant's Role in a Rehabilitation Setting: Conceptions and Attitudinal Correlates. Nursing Research, 1968, 17, 343-348. 2, 4, 3

The role of the nursing attendant is examined through investigation of the conception different groups had of this job. Three groups were questioned as to their attitudes. When compared, each group reflected various views concerning their role within the rehabilitation setting.

Gadd, A. S. Educational Aspects of Integrating Social Sciences in the Medical Curriculum. Social Science and Medicine, 1973, 7, 975-984. 8, 4, 5

Emphasis of how theories and methods of educational psychology can interject new objectives into the program of medicine. This being accomplished through the added dimension of integration of social science. Many creditable sources support a continuing study geared toward the program's progress. A new basis for curriculum planning has been obtained through preliminary assessment of a training program. Future investigation of the educational process need be undertaken to succeed in integrating social sciences into the medical curriculum.

Galiher, Claudia B., and Costa, Marjorie A. "Consumers' Acceptance of HMOs," Public Health Reports, March-April 1975, 106-112. 1, 2, 4, 3

This paper attempts to educate people on the nature and function of HMOs. Consumers are basically not aware of the mechanics of the HMO. The response to HMO-type plans has been very slow. As in most cases the cost of the plan is the major factor in the selection of an HMO. The article pinpoints some advantages of HMOs, such as convenience and quality of care.

Geertsma, R. H. Changes in Medical Students' Conceptions of the Ideal Patient. Journal of Medical Education, 1966, 41, 45-48. 8, 5

Conceptions of the ideal patient made by students of the medical profession are described. Attitudinal characteristics of patients were used as a basis to summarize and qualify these conceptions. It was found that the ideal patient and self descriptions were found interrelated and quite significant within this study.

Glaser, B. G. Disclosure of Terminal Illness. Journal of Health and Human Behavior, 83-91. 6, 5, 2, 3

A descriptive process presented for the understanding of terminal illnesses. The approach in which disclosure is made and the effect it

has upon the patient are revealed. Typical stages of response characteristic to different levels of patient's respective illness is shown through interaction between hospital staff and patient.

Goerke, L. S. Utilization, Recruitment, and Training of Health Manpower. American Journal of Public Health, 1965, 55, 1511-1520. 1, 2, 3

Manpower is reviewed with respect to roles of health agencies and public health within schools. The conclusion made in this study is that there is an increased need for the provision of manpower within these areas. Examined in the body of this paper are two aspects. They include (1) use and retention of existing personnel and (2) education and training of manpower.

Golden, A. S., Carlson, D. G., and Harris, B. Non-Physician Family Health Teams for Health Maintenance Organizations. AJPH, 1973, 63, 732-735. 5, 1, 2

Because of the shortage of medically trained personnel there has been an effort to develop the Family Health Team - which consists of three new health careers which emphasize the importance of the psychosocial aspects of health.

Goodrich, C., Olendzki, M., and Reader, G. The New York Hospital - Cornell Medical Center: A Progress Report on an Experiment in Welfare Medical Care. American Journal of Public Health, 1965, 55, 88-93. 1, 2, 7, 4

Examination of numerous welfare case relationships bewteen the household, person and case in a voluntary hospital. Taking into account geographic limitations the response to medical care received seemed satisfactory. Case studies utilized different aspects between single adults and that of the family. Responses based on population factors and whether or not each family or individual took advantage of the service provided are discussed.

Gorman, M. The Impact of National Health Insurance on Delivery of Health Care. AJPH, 5, 61, 1971, 962-971. 1, 2, 4

The need for immediate action in the area of change in our national health care system is discussed. The fact that structural changes are more important now than the financial aspect for adequate health care delivery is stressed.

Goss, M. E. W. Organizational Goals and Quality of Medical Care: Evidence from Comparative Research on Hospitals. Journal of Health and Social Behavior, 1970, 11, 255-268. 1, 2

This article focuses on variations in overall goals of the hospital and to question the relationship between those goals and the variations in the quality of medical care extended. Certain aspects were examined

such as teaching, research, profit and service as goals. Through empirical observation, systematic relationships were indicated and assessed. In the process of this study propositions on the relationships were formulated, and the need for future research was founded.

Goss, M. E. W. Influence and Authority Among Physicians in an Outpatient Clinic. American Sociological Review, 1969. 5, 2, 1, 3

Presented are findings related to individual authority in conjunction with the structure of hierarchy among professionals. Through analysis of certain problems, (1) conflict in hierarchial supervision of the professional staff, (2) examination of professional goals, norms, values and the effect they instill, as examples show in this study indicate that outside factors affect the structure of the medical organization. Provided are specific guidelines that can be used to solve the problems.

Gove, W. L. Who is Hospitalized: A Critical Review of Some Sociological Studies of Mental Illness. Journal of Health and Social Behavior, 1970, 11, 294-303. 4, 2, 1

Focus on societal reaction as a perspective of mental illness. Three studies were conducted and concerned themselves with (1) whether or not officials assume illness, (2) whether or not a person's power affects the committed decision, and (3) whether or not the persons committed are in fact mentally ill. The findings shown in this study contradict the societal reaction approach. This results in counter-interpretations and leaves the question in mind that the societal reaction explanation has been illfounded.

Gozzi, E. K. Gaps in Doctor-Patient Communication: Implications for Nursing Practice. American Journal of Nursing, 1969, 69, 529-533. 3, 5

Doctor recognition of common problems in communication between mothers of sick children and their physician. Satisfaction with physician recommendations is examined.

Graffam, S. Nurse response to the patient in distress-development of an instrument. Nursing Research, 1970, 19, 331-336. 7

Nurses' response to adult patients' complaints of distress. The purpose of the study was to develop an instrument. The instrument developed was a four page check list that entailed information about the patient and his complaint. The findings of the study suggested that nurses are sometimes too impersonal, automatic and limited in their responses to the act of distress.

Green, Melvena The Team Approach in Home Care of Mentally Retarded Children. Child Welfare, LI, 1972, 178-181. 2, 5, 3

Outline of new home care program for mentally retarded children in foster homes. This program utilizes a team approach consisting of volunteers and trained social workers. Nurses' response to adult patients' complaints of distress. An instrument was developed consisting of a four page check list that entailed information about the patient and his complaint. The finding suggested that nurses are sometimes "too impersonal, automatic and limited in their response to the complex act of distress."

Gruen, W. Communication problems as a possible contribution to chronicity in mental patients. Social Science and Medicine, 1970, 4, 307-326. 5, 3

An appeal for more communication between patients and staff, and also between patients and their families. It is thought that lack of communication between patient and doctor is a factor contributing to "chronicity."

Guthrie, D. The care of the patient. The New England Journal of Medicine, 1939, 221, 679-682. 2, 1, 5

The importance of putting a person at ease, to treat people as human and not mere medical specimens. The importance of considering a person's mental welfare as well as his physical welfare.

Haggerty, R. Problems of teaching comprehensive community care. American Journal of Disturbed Children, 1968, 116, 509-516. 8, 1, 2

Teaching comprehensive health care to medical students has proven to be quite difficult. The most stressed dimensions are complete, competent, continuous, coordinated, compassionate and community care.

Hallahan, F. If you don't know who's in charge the hospital will look like it. Modern Hospital, 1970, 116, 108-110. 1, 2, 3

Recommendations on development of programs to facilitate hospital construction. Five considerations should be: (1) determination of need for the facility, (2) determination of project's scope, (3) preparation of schematic layouts, (4) preparation of working documents, and (5) construction of facility.

Hanson, R. C. Communicating health arguments across cultures. Nursing Research, 1963, 12, 237-241. 3, 4, 5

Nurse use of argument to get patients to follow medical prescriptions. A study was done to determine which arguments were most convincing for the nurses to use with patients.

Hardy, M. C. Psychologic aspects of pediatrics. The Journal of Pediatrics. 104-108. 5, 3

The attutides of parents toward the need of medical attention for the children. The outcomes on programs that were set up to detect visual and hearing defects in some Chicago elementary schools. The study of how social status of the family affected the amount of medical care.

Hardy, M. Follow-up of medical recommendations. The Journal of the American Medical Association, 1948, 136, 20-27. 2, 6

A follow-up study of some Chicago children. The follow-up suggested that there are two factors that determine whether or not a doctor's orders will be carried out. (1) Parental understanding of the child's condition and interpretation of the doctor's diagnosis and proposed treatment, (2) the accessibility of professional help.

Hawes, L. C. A Markow Analysis of Interview Communication. Speech Monographs, 1973, Vol. 40, 209-219. 3, 5, 7

Methods and models in the interviewing process are examined. The Markow Model illustrates the relationship between interviewer, styles, time and patterns of communication that is evident during an interview.

Hayes, D., Hutaff, L., and Mace, D. Preparation of medical students for patient interviewing. Journal of Medical Education, 1971, 46, 863-868. 8, 5, 3, 2

A new curriculum has been developed to instruct medical students on techniques that will help the student establish trust and cooperation in doctor-patient relationships.

Health Politics, 2, 4, 1972, 1-11. 1, 2

Discussion of comprehensive health care planning and the consumers' involvement with it. Recommendations are made to revise health care planning councils.

Henderson, L. J. Physician and patient as a social system. New England Journal of Medicine, 1935, 212, 819-823. 5, 3, 4

Medicine has become very complex and impersonal. This article appeals to the sentimentality of man. Observations of the medical profession's impersonal relations are cited. The lack of doctor-patient sincerity is noted and solution by practicing "A science of human relations is passed."

Henley, B., and Davis, M. S. Satisfaction and dissatisfaction: A study of the chronically-ill aged patient. Journal of Health and Social Behavior, 1967, 8, 65-75. 5, 4

The satisfaction and dissatisfaction of chronically-ill aged patients depend upon many different factors. The person's environment, social economic status and his age contribute to the satisfaction or dissatisfaction of a patient. Satisfaction for a chronically-ill aged person is when he feels content and free from anxiety. The patient may be satisfied with one aspect of his life and dissatisfied about other aspects. A study of the aged persons' perceptions of their satisfaction and/or dissatisfaction with the world. An objective and subjective view by the aged and the authors is presented.

Highriter, M. Nurse characteristics and patient progress. Nursing Research, 1969, 18, 484-501. 5, 3

A study of the comparison of two types of trained nurses - one of a Baccalaureate and the other of diploma, meaning their training was done in a hospital. The study was done to see how much the two types of nurses differed and how it affected their performance with the patients. Patient progress is used as an indicator in evaluation of performance.

Hilleboe, H. E., and Barkhuus, A. "Health Planning in the United States: Some Categorical and General Approaches," International Journal of Health Services, Vol. 1, No. 2, 1971, 134-148. 1, 2, 5

The authors give examples of categorical and general approaches to health planning. It is stated that a national system of health services is needed to provide an equal distribution of quality health care. The categorical approached detailed include: (1) health facilities, (2) heart, cancer and kidney disease, (3) mental health, and (4) American Indian health.

Hodgins, E. Listen: The patient. The New England Journal of Medicine, 1966, 274, 657-661. 5, 3

The article describes how a physician should treat a stroke patient. The articles stresses honesty and truthfulness, and not lies. The physician should try to restore confidence to the patient. Physician honesty is stressed as a factor in treating stroke victims.

Hofer, H. Learning the physician-patient relationship. J.A.M.A., 1960, 173, 12, 1301-1304. 5, 3

A study focusing on recently graduated physicians' perceptions of their personal ability to engage in patient-doctor interaction. Areas in question were deficiencies in the instruction of methods of patient-doctor relationships and concepts of comprehensive health care. A recommendation to introduce psychological and social factors to medical training was made.

Holland, T. P. Organizational structure and institutional care. Journal of Health and Social Behavior, 1973. 1, 2, 3

Examination of organizations in institutions for mentally retarded. Effects of decentralization of institutional structure on resident care.

Hollander, M. H. Teaching the psychological approach to everyday medical problems. Psychiatry, University of Illinois, 182-183. 8, 5, 6, 4

An instructional method applicable to general practice and the specialties. The teaching procedure is a psychological approach using a question and answer technique to sample situations.

Hollingshead, A. Medical sociology: A brief review. Milbank Memorial Fund Quarterly, 1973, 51, 531-544. 4, 5

A short article on the development of medical sociology: "Medical sociology as an area of research and teaching."

Holton, S. The woman physician: A study of role conflict. Journal of the American Medical Women's Association, 1969, 24, 638-645. 5, 3

A study of the roles and conflicts a woman physician encounters. Sex role and wife-mother role versus professional roles are discussed.

Houben, M. E. Possibilities and limitations of Kelly's grid technique in the differentiation of transference toward therapeutical figures. Knokke, 1970, 18, 61-66.

Results of a study on feelings patients have in the doctor-patient relationship. Discussion concerning transference-feelings in medical relationships.

Howland, D., McDowell, W. E. The Measurement of Patient Care: A Conceptual Framework. Nursing Research, 1963. 1, 2

Patients under the direct care of medical institutions depend on the ability of the triad. The hospital organization provides patient care as a service to society. The success of the hospital system to achieve regularity is crucial in providing a high level of patient care.

Hudenburg, R. New: Service-communication center: To benefit fully from new technology, hospitals and architects are urged to group communications and service departments into an administrative core. Modern Hospital, 1969. 3, 1

Previously service administration facilities were put in pieces where they would not get in the way. New technology with its computers and electronic communications is demanding that these service facilities be ranked up with nursing services and be placed in central areas. A plan illustrating possible locations of these facilities is depicted in the article.

Hulse, W. The management of sexual conflicts in general practice. J.A.M.A., 1952, 150, 846-849. 6, 5, 2

Tje article questions the therapeutic role of the physician's recognition of sexual conflicts that affect mental health. The article deals especially with the following topics: causes of coital impotence, therapeutic roles of doctors, coital problems of newly married people, and the lack of potency and aging.

Hutchins, E. The AAMC longitudinal study: Implications for medical education. Journal of Medical Education, 1964, 39, 265-277. 8, 1

Emphasis for admission to medical schools in the future is being modified presently. Increasing attention is being given to "raising the next generation of pluripotential physicians overriding considerations of funding, floor-space and future promotion to the task.

Ingekfinger, E. J. Why Trust The Professional? New England Journal of Medicine, 1972, 286, 263-264. 5, 4, 3

A professional differs from a businessman in many ways, but a major factor is trust. Physicians must establish trust in their relationships with their patients by maintaining good ethics.

Ireland, H. D. Outpatient chemotherapy for turberculosis. American Review of Respiratory Disease, 1960, 82, 378-383. 6, 1

Most turberculosis patients who have been discharged from hospitals for home treatment of their disease have had positive results. The patients are allowed to leave the hospital on the understanding that they will self-administer their drugs. Statistics and evidence to support this study are cited in the article.

Jaco, E. G. Medical Care: Its social and organizational aspects. New England Journal of Medicine, 1963, 269, 1, 18-22. 4, 1, 5

Americans hold a high opinion toward medicine and medical care according to group samples of people who examined medical personnel along with other professionals. Any changes in attitudes that American citizens hold toward the medical field depend on how the American society views life itself. More research needs to be done on this topic before any generalizations about changing health attitudes and medical care in our modern society can be made.

James, G., and Jacobziner, H. A pediatric health service - an extension of the child health conference. American Journal of Public Health, 1965, 55, 982-993.

The article discusses a pediatric treatment clinic in New York City. The New York City Health Department has provided an outpatient care facility for underprivileged children and their parents. The authors review the encompassing relations between poverty, deprivation of this disadvantaged group and the importance of the location and helpfulness of this pediatric facility.

Janis, I., and Feshbach, S. Effects of fear arousing communications. Journal of Abnormal and Social Psychology, 1953, 48, 78-92. 3, 5

The author discusses an experiment which was designed to study the effects of fear-arousing communications. Fear reactions of this type are used to influence attitudes and behaviors of people. The authors interest is to determine the conditions under which a patient's reactions to psychiatric treatment are determined on the basis of three main types of emotional interference. If one realizes the interference he can overcome the anxiety-producing situation.

Lave, J. R., Lave, L. B. Medical Care and Its Delivery: An Economic Appraisal. Health Care: Part I. 1, 2

Medical services are but one of many inputs contributing to improved health. Higher costs attributed to higher quality. Demand for medical care originates within individuals Institutional settings have effect on cost. Medicine is not going to be secure for us at any price, "a state of complete physical, mental and social well-being."

Jelinek, R. C., Zinn, T. K., and Brya, J. R. Tell the computer how sick the patients are and it will tell how many nurses they need. Modern Hospital, 1973, 119, 81-85. 3, 6

Through the use of computers, organizational efficiency, and planning nurses will be properly assigned for specific patient care. The computer will provide such benefits as workload monitoring, personnel scheduling, and management reporting. This allows more time for the nurses to spend with patients. A machine might be able to tell how sick the person is when he needs help (a nurse).

Johannse, W. J., Hellmuth, G. A., and Sorauf, T. On accepting medical recommendations. Archives of Environmental Health, 1966, 12, 63-69. 6, 5, 3, 1

A present study concluded that a successful medical case outcome can depend on whether a cardiac patient accepted recommendations made by medical staff. Measurements of the extent that the recommendation were accepted and whether the patient exhibits different degrees of compliance in the recommended area determined positive case outcome.

Johnson, J. Effects of structuring patient's expectations on their reactions to threatening events. Nursing Research, 1972, 21, 499-503. 7, 3, 5, 1

The author makes the hypothesis that discrepancy between expectations about sensations and the actual experience during an uncomfortable situation results in distress. The content of the article talks about the laboratory experiment, the clinical experiment, and concludes with a general discussion of the experiment, research, and results. The experiment deals with medical implications and would be beneficial to doctor and medical personnel.

Johnson, J. E. Sensory and Distress Components of Pain: Implications for the study of clinical pain. National Institutes of Health, 1974, vol. 23, no. 3. 8, 7, 6

The author is concerned with the implications and experiences of clinical pain in a study. The findings suggest that in clinical situations, patients who are only partially informed of the sensations they may experience will feel just as comfortable as those who get a complete description of the sensations that they feel.

Joyce, C., Caple, G., Mason, M., Reynolds, E., and Mathews, J. Quantitative study of doctor-patient communication. Quarterly Journal of Medicine, 1969, 38, 183-194. 3,1,6,5,4

The author says that there is definitely room for improvement in doctor-patient relationships. In the last few years an increasing amount of interest has risen in this area of study, but not too many experiments have been done. Most commentators say the relationship between doctors, patients, and family members depended on the doctor's ability to communicate. The article discusses these ideas and cites experimental studies.

Kahn, E. Beside teaching, American Medical Association, 1936, 107, 9, 639-641. 8, 1

In the modern day and age, bedside teaching of medical students has been advocated rather than the British method of lectures. In the past, the United States taught medical students largely by lectures and recitations. John Hopkins Medical School, in 1893, successfully broke away from the old method to establish a superior training session in its laboratory - the bedside.

Kallen, A. M. Medical records expedited by the telephone input system, automated transcribing, 1974, Vol. 25, No. 2. 3, 1, 2

The installation of an IBM word-processing system allows the staff to dictate reports on the telephone and the speeches are recorded on magnetic belts and sent to the medical record department. Essex County Hospital Center was reorganized with the addition of this phone system to the point that there is increased communication among the hospital staff and more efficiency in all areas of hospital care.

Kassirer, J. Prescription by computer, 1974, Time. 6, 3, 1

Would you trust a computer to make the kinds of life and death decisions that the physician makes? A team of scientists from Mass. Institute of Technology and Tufts-New England Medical Center in Boston say the answer may be yes. These researchers claim that they have taught a computer to make clinical judgment that a doctor uses in deciding treatment. The men learned more about how doctors make decisions regarding patient treatment while working on this project.

Kattwinkel, E. E. The care of the patient. New England Journal of Medicine, 1945, 232, 724-729. 8, 5, 3, 6

Medical schools allot very little time to lectures and studies on the care of the patient. These types of lectures are considered unscientific by the faculty. The faculty feels that the medical profession is learned only through example and practice. But in order to become a respected and valuable doctor one must find our the right way to care for the patient, mentally, physically, and all other areas.

Katz, S. Studies of illness in the aged. Journal of American Medical Association, 1971, 185, 914-919. 6, 5, 2

The data in this paper supports the idea that the pattern of recovery from a disabled illness in old age parallels the primary development of childhood functions. The author says that it seems reasonable that the loss of function begins with complex behaviors and the least complex could be retained to the last in a decending order. The need for improved measures to curb the increasing problems of the aged and chronically ill depends on such research and results. Administrators can use measures of function to determine care needs in rehabilitation centers, nursing homes, and home care programs.

Keith, R. M. Teaching medical diagnosis, Lancet, 1954, 404-406. 8, 6

In training a young doctor, his clinical work should give him objective experience in the diagnosis and treatment of the patient. The cases that the student comes in contact with should illustrate both the common and rare disorders. By reading textbooks, seeing what he reads, the student will have better luck at diagnosing and handling cases which are new to him.

Kelly, L. Nursing practice acts, Nursing Research, 1974, 74, 1310-1319. 2, 1, 3

The question of legality of the nurses' evolving practice is due to the fact that in the past 10 years nurses have assumed responsibility for more complicated patient care that demands independent decision making. Nurses across the U.S.A. are involved in studying, revising and/or updating changes in the nursing practice. The nurse practitioner role is causing concern over the proper legal rights. The article talks in depth about the nursing field and the legal questions which have dominated the spotlight.

Kertesz, R. Research on doctor/patient relationship in a general hospital setting. Knokke, 1970, 18, 50-55. 5,4,3,6,7

Studies on doctor/patient relationships should include knowledge of their mutual influences and the setting where they interact. Patients' feedback should also be measured. Studies must note that a drug sometimes serves to avoid anxiety provoking emotional encounters. General and specific factors of the doctor/patient relationship in the general hospital are elaborated upon in the article.

Kessel, R. A. Price discrimination in medicine. Journal of Law and Economics, 1958, 1, 20-53. 2, 1

The standard textbook rationalization of what appears to be a contradiction of the law of markets, actually is. Argued is that the discriminating monopoly model is justified for pricing medical services. The article includes a rational explanation of the question about why the AMA favors medical insurance prepayment plans but opposes plans that provide the service without money. These and other controversial issues are discussed.

King, S. H. Social psychological factors in illness. 99-121. 5, 4, 6

The relationships between physical, psychosocial, and biological illness factors is intricate and refined. Examined are patients' reactions to illness. The article is based on two different perspectives. The first deals with the psychological and social variables and the effects they produce until the time of the illness. The second looks at the biological effects in the illness and how they determine the psychodynamic balance and interpersonal communication of the patient with the outside world.

Kirkland, Lane "Labor's Point of View on HMOs," Public Health Reports, March-April 1975, 104-105. 1, 2, 6

The passage of the HMO Act accomplished most of the goals which the AFL-CIO approved in their 1955 resolution. The union feels that any national health insurance program must include early diagnosis and preventive care to help reduce hospitalization costs. In this article, the author believes that a fee-for-service system is the way to better care.

Kirsch, Arnold I., "The Health Care System and Health: Some Thoughts on a Famous Misalliance," Inquiry, December 1974, 269-275. 1, 2, 8

Attempts to clarify the definition of health, and what portion of health care should be the responsibility of that industry. The need to educate people to the most effective use of health, and the insurance of the availability of health care to all concerned is stressed.

Klarman, Herbert E. Major Public Initiatives in Health Care. Public Interest, 1974, 34, 106-123. 1, 2

Discussion of the growth of expenditures in the area of health care. The problem of a lack of information available to consumers is stressed, along with the inability of the consumer to determine the quality of care offered by health maintenance programs which promise a reduction in cost.

Klarman, H. E., Rice, D. P., Cooper, B. S., Stettler, L. Accounting for the Rise in Selected Medical Care Expenditures, 1929-1969. A.J.P.H., 1970, 60, 1023-1039. 2, 1, 7

A statistical framework is presented which deals with the increase of health care services (categories being: dental care, physician services and short-term hospital care), and the various factors which influence this increase. Factors such as aging of population and methods for collection of fees by physicians are discussed.

Klein, R. F., Dean, A., Willson, L. M., Bogdonoff, M. D. The Physician and Postmyocardial Infarction Invalidism. J.A.M.A., 1965, p94, 2, 123-128. 5, 6, 3

A study done with twenty male patients suffering from myocardial infarction. With many situational variables taken into account, it reveals that the main failure in rehabilitation occurs when there is an absence of physical residuals (of infarction), and that invalidism begins in the early phases of the infarction.

Klemer, R. H. Talking with Patients about Sexual Problems. Postgraduate Medicine, 1966, 40, A160-166. 6, 5, 3

In order to communicate most effectively with people, it is necessary that the physician know himself, be able to talk objectively, get to know the patients well, create a friendly rapport between himself and the patients, and encourage the couple to communicate with each other. Also important are an understanding of "what is normal," and modern sexual behavior. Above all the physician should, most optimally, have faith in his work, and confidence.

Kohn, Robert and Radius, Susan "Two Roads to Health Care: U.S. and Canadian Policies 1945-1975," Medical Care, March 1974, 189-201. 1, 6

The paper identifies two major differences in health care philosophy between the U.S. and Canada: (1) The U.S. is not sure how to organize and finance their health services, while Canada is firm on their use of publically administered health insurance. (2) The Federal Government in the U.S. is now becoming very prominent in health policy, while in Canada the provincial governments are participating more in actual administration of the programs.

Korsch, B. H., and Aley, E. F. Pediatric Interviewing Techniques. Current Problems in Pediatrics, 1973, 3, 1-42. 6, 5, 3, 2

There is increasing discontent in patient-doctor relationships. Learning how to communication (realizing prejudices, biases, hostilities, anxieties, even disabilities) is the first step to overcoming the barrier and improving these relationships.

Korsch, B. M., Negrete V. F. Doctor-Patient Communication. Pediatrics, 1968, 42, 855. 3, 5, 6, 7

Studies done at a large metropolitan hospital indicate that physicians often speak in terms which are too technical for patients to fully understand, and that great dissatisfaction occurs when physicians show

little concern in pediatric patients, while the mothers show much concern. This gap in communication ends up in mutual dissatisfaction.

Kosa, J. Entepreneurship and Charisma in the Medical Profession. Social Science and Medicine, 1970, 4, 25-40. 4, 5, 3

The medical profession, as viewed in today's world, is given a high position in society. This is due to the belief in the great amount of charisma possessed by doctors, as well as the leadership skills they are expected to have acquired.

Kotre, J. N., Mann, F. C., and Vanselow, N. A. The Michigan Physician: His Education Through Face to Face Contacts and Technical Media. Michigan Medicine, 1971, 193-198. 8, 4, 3, 2, 1

Presentation of findings on how the Michigan physician evaluates the use of face-to-face communication and technical/electronic media as sources of education. The most valued source of information is personal contact with other physicians, although the use of the media is encouraged.

Krause, Elliot A., "Health Planning as a Managerial Ideology," International Journal of Health Services, Vol. 3, No. 3, 1973, 445-463. 1, 2, 5

Health planning cannot function in the social and political setting of today. Health planning is an ideology used by the government and health practitioners to hold onto power. Support is given by analyzing several health care programs.

Krismer, J. R., and Cordes, J. F. Problem-Oriented Record Begins with Patient. Modern Hospital, 1970, 116, 81-82. 6, 1, 3

The computer and its function in aiding medical personnel. The computer operates on data supplied by the patient, together with the involvement of the physician and the nurse. The use of the computer system has improved traditional methods in modern medical services, but additional improvements are needed. The use of regional computer systems should be initiated.

Kubala, S., and Clever, L. H. Acceptance of the Nurse Practitioner. American Journal of Nursing Research, 1974, 74, 451-452. 5, 3, 2

Negative feeling may develop in the patient when a nurse physician greets him instead of the "doctor." This change in health care may require some time and some understanding before it is accepted by the patient and entire health care team.

Kutner, B., Makover, H. B., and Oppenheim, A. Delay in the Diagnosis and Treatment of Cancer: A Critical Analysis of the Literature. Journal of Chronic Diseases, 1958, 7, 95-120. 6, 3, 2

More precise, scientific information is needed for the cause and cure of cancer. Early detection and correct diagnosis combined with specific methods of cure are the most important means of controlling the disease. Most ideally, the time span between the onset of cancer and the beginning of its treatment, should be greatly shortened.

Lair, C. V., Kausler, D. H., and Baugh, V. S. Keeping the Patient in Therapy. Medical Times, 1964, 93, 1127-1134. 3, 5

Why the patient leaves, or rejects treatment prematurely, or against the doctor's advice is discussed. Tihs problem is no one's "fault," yet there are ways a physician may go about insuring the interest of the patient to "stay on" until treatment is completed.

Langer, E. J., and Abelson, R. P. A Patient By Any Other Name . . . clinician group difference in labeling bias. Journal of Consulting and Clinical Psychology, 1974, 42, 4-9. 5, 4, 1, 3

Words can serve as labels, which in turn can bias a person's thinking. The implications of labels and names are discussed, and it is noted that different orientations may be taken when an individual is known as "patient" or "job-applicant."

Lapinsohn, L. I. The Iatrogenic State and the Physician-Patient Relationship. Journal of the Albert Einstein Medical Center, 1959, 286-288. 5, 3

Focus on physician-related behavior in a doctor-patient relationship. Awareness is advocated in dealing with patients and their emotional states, for even an innocuous gesture may trigger an emotional response from the patient, especially if the patient is highly suggestible.

Lave, J. R., and Lave, L. B. Medical Care and Its Delivery: An Economic Appraisal. Law and Contemporary, 1970, 35, 252-266. 1, 2, 3

The health-care situation in the United States is in a crisis period. It is undergoing stress financially, as well as qualitatively. It is noted that too much is being spent on medical care, and not enough on improving health. If measures are not taken to insure better economic standing, the health care system is headed for disaster.

Leavell, H. R. Contributions of the Social Sciences to the Solution of Health Problems. The New England Journal of Medicine, 1952, 885-896. 4, 5, 1, 2

The relationship of the social sciences to medicine. Health problems are realized, not only as pertaining to sick individuals, but also to sick "societies." The social sciences can relate important information to the medical world.

Lee, P. R. Role of the Federal Government in Health and Medicinal Affairs, New England Journal of Medicine, 1968, 1139-1147. 1, 2

The past, present, and future activities of the Federal Government in health matters are discussed. There is an increasing awareness that every citizen has the right to adequate health service. Examination of the Department of Health, Education and Welfare: policies, changes, and problems.

Lesser, M. E. Perceptions of Illness at a Therapeutic Community for Ex-Drug Addicts: "Legitimate Deviancy" or Escape? Social Science and Medicine, 1974, 8, 575-583. 5, 4, 6

Study done with ex-drug addicts. Discussion of patients with respect to two concepts: escapism and the "sick role." Differences in treatment methods are important in bringing the person back into society as a fully functioning human being.

Levine, C. C. Doctor-Patient Communication with the Inner-City Adolescent. The New England Journal of Medicine, 282, 9, 494-495. 5, 4, 3

Communication is often faulty between adolescents and adults, but is enhanced when the situation is diametric in nature: specifically, when black inner-city youths face strange surroundings. When attitude, language, and socio-economic barriers are broken down, progress can begin its course.

Levine, H. G., and McGuire, C. H. The Use of Role-Playing to Evaluate Affective Skills in Medicine. Journal of Medical Education, 1970, 45, 700-705. 5, 3, 8

Very little education is geared toward gaining skills with dealing with patients on a person-to-person level. With the advent of role-playing, and consequent exams, much light has been shed on this aspect of education. Such role-playing activities have proven, thus far, effective as an educational tool.

Lewis, A. Health as a Social Concept. Journal of American Medical Association, 1969, 185, 109-124. 4, 5, 2

The social ramifications of Health and Disease are discussed in terms semantic rather than scientific. Differentiations are also seen between physical health and mental health. Our social environment must be taken into account when dealing with health.

Lifton, J. G. Eight Ways to Provide Coverage of the Emergency Room and How to Tell Which is Best. Modern Hospital, 1973, 119, 79-82. 2, 1, 8

Having a physician in the Emergency Room at all times is optimum quality. Practical methods of attaining this situation are discussed. As new and increasing demands are made on emergency care, having a physician in this area is imperative.

Lincoln, T. L. Medical Computing: Cons and Pros. Santa Monica, California: Rand Corporation, 1973. 6,7,1,2,3

Introducing computers into the medical world has its pros and cons, and it brings questions which are not only limited to computer technology. Although plans are underway for researching and elaborating this technological system, there are still important features to be worked out - mainly the development of a medical computer design center.

Linsky, A. S. Community Homogeneity and Exclusion of the Mentally Ill: Rejection Versus Consensus about Deviance. Journal of Health and Social Behavior, 1970, 11, 304-326. 2,1,5,4,6

The relationship between a community's attitude toward mental disorders, and the admission rates to mental hospitals within those communities. It has been found that admission rates tend to be higher in communities which have a more homogeneous grouping of cultural norms, not because of a rejection of those who are mentally ill, but due to a greater consensus of what is thought of as normal and abnormal.

Lum, J. L. Interaction Patterns of Nursing Personnel. Nursing Research, 1970, 19, 324-330. 3, 2, 5

Interaction and communication within a defined organization, specifically, the nursing staff at a large hospital. It was found that the direction of particular interactions (that of giving) was toward subordinate members, and that other functions (those of seeking help) were directed more toward leader members.

Lynaugh, J., and Bates, B. Physical Diagnosis: A Skill for All Nurses? Nursing Research, 1974, 74, 58-59. 6, 2

Problems involving physical assessments by nurses (erroneous assumptions by nurses). Nurse confidence must be balanced equally by competence and how these aims should be achieved.

Macdonald, J., Hagberg, K., and Brossman, B. Social Factors in Relation to Participation in Follow-Up Care of Rheumatic Fever. Journal of Pediatrics, 1963, 62, 503-513. 4, 3, 1, 2

Evaluation of 123 patients concerning medical and social factors in follow-up care, cooperation in follow-up care, and detection of poor participants. A total evaluation on participation is included.

Maddox, G. L., and Douglass, E. B. Self-Assessment of Health: A Longitudinal Study of Elderly Subjects. Journal of Health and Social Behavior, 1963, 5, 87-93. 5, 6, 7

A study of 270 elderly people on self-assessment of their health and a parallel of this with the doctors' assessment.

Marx, J. H., and Seldin, J. E. Crossroads of Crisis: II. Organizational and Ideological Models for Contemporary Quasi-Therapeutic Communes. Health and Social Behavior, 1973, 14, 183-191. 1

The basis of social organizational arrangements needed for interpersonal relations in communes comes from the Christian branch of the Nineteenth Century American communal tradition. Comments may be in the future in the mental health care field. Community emphasis will be on self-actualization and interpersonal reintegration.

Mattison, B. F. Political Implications in Good Public Health Administration. A.J.P.H., 1965, 55, 2, 183-189. 1, 2

Differences and similarities between the viewpoints of the politician and the health administrator are given. Relation between politics and public health is discussed.

Mawardi, B. H. Relation of Student Learning to Physician Performance. J.A.M.A., 1966, 198, 7, 767-769. 8, 1, 3, 5

This study was designed to measure what attitudes a student acquires in school are carried forward to his profession. Some results include: (1) almost 95% of those questioned stated they received no training in doctor-patient relationships, while in medical school; (2) many students obtain negative attitudes toward certain aspects of medicine; (3) only 4% felt they were taught the skills to deal with all patient problems. Also, many physicians thought they needed more training to deal with emotional problems of their patients.

McEwan, P. J. Pergamon Press. Social Science and Medical, 1973, 7, 921-927. 4

A discussion of the role sociology has played in the behavioral sciences and medicine. Included in the article is a historical review of sociology and medicine.

McPhetridge, L. M. Relationship offPatients' Responses to Nursing History Questions and Selected Factors: Preliminary Study. Nursing Research, 1973, 22, 310-320. 6, 5, 3, 1

This is a study to determine if common nursing needs exist and to find what could be predictors of the needs. These predictors are then related to the patient's history.

Meadow, R., and Hewitt, C. Teaching Communication Skills with the Help of Actresses and Video-tape Simulation. British Journal of Medical Education, 1972, 6, 317-322. 8, 3, 1, 2

Examination and explanation of the results of a study on communication problems in medicine. Videotape instruction is used to teach communication skills. The mode of instruction has most positive results over other methods because of feedback, stimulated discussion and personal assessment.

Meares, A. Rapport with the Patient, Symbolic Significance of the Doctor's Behavior. Lancet, 1954, 2, 592-594. 5,3

Emphasizes the positive aspects of good rapport between patient and doctor. The helpful rapport is established by intense doctor-patient reaction, in addition to shared confidential knowledge. Rapport is defined as an emotional phenomenon.

Mechanic, D. The Sociology of Medicine: Viewpoints and Perspectives. Journal of Health and Human Behavior, 1966, 7, 237-248. 2,1,5, 4,8

This article is constructed in 3 segments. The first shows a relation between bureaucratization of medical practice to changes in society.

Part two deals in a theory of help-seeking and illness behavior.

Part three gives ideas on the sociological perspective relevant to evaluations of illness.

Meyer, A.E., & Otte, H. The Semantic Differential as a Measure of the Patients' Image of their Therapist. Knokke, 1970, 18, 56-60. 5,3

A description of Coercive Tube Feeding under Phenothracines is discussed. A Hypothesis is constructed; the patient would relate his therapist to that of an orally overpowering mother, or a raping father. Results seemed to favor the raping father.

Meyers, M.E. The Effect of Types of Communication of Patients' Reactions to Stress. Nursing Research, 1964, 13, 2, 126-131. 3,5

A patient is subjected to a stressful situation in the hospital. Types of communication used to relieve the stress were: Structuring Communication, "NO" communication, and "Irrelevant" communication. Analysis of responses provided five scores, a blood needle score, overestimation score, accuracy score, underestimation score, and talkativeness score. Conclusion is that given specific information by doctor, the patient can relieve his stress.

Minckley, B. Justification for a Trial-and-Error Theory of Nursing. Nursing Research, 1971, 19, 526-529. 7,5

The "trial and error" theory is defined on four levels: Factor-isolating, factor relating, situation relating and situation-producing. This theory is variable and fits highly particularized situations, patients and nurses.

Mikulic, M.A. Reinforcement of Independent and Dependent Patient Behaviors by Nursing Personnel: An Exploratory Study. Nursing Research, (97), 20, 2, (62) - 64. 7,5

Using the operant theory of behavior, this study analyzes patient behaviors and the consequences thereof. The study finds that positive reinforcement of dependent patient behaviors contributes to an increase of dependent behaviors.

Minot, G.R. Clinical Investigation: Physician and Patient. Archives of Internal Medicine, 1934, 54, 1-10. 4

Doctors and their bedside attitude: how they deal with their patients' problems socially. The article focuses on the clinical investigators general attitude about life and learning.

Molde, D., & Wiens, A. Interview Interaction Behavior of Nurses with Task Versus Person Orientation. Nursing Research, 1968, 17, 45-51. 5,3,1

Comparison of the Behavior of Surgical Nurses as opposed to Psychiatric Nurses. The findings show that there is a significant difference in the two types of nurses. The psychiatric nurses displayed greater verbal output, while the surgical nurses showed a shorter reaction time to the interviewer's questions. There are distinctive personality difference between the two groups of nurses

Moriwaki, S.Y. Self-Disclosure, Significant Others and Psychological Well-Being in Old Age. Journal of Health and Social Behavior, 1973, 14, 226-232. 4,5

This study extends the theory that the significant other is important for the mental health of the elderly. The findings show that significant others (in number) are directly related to the psychological well-being of the elderly, but self disclosure is not related to that well-being (low correlation). However, the degree of role loss was found to be an important specifying condition. Under conditions of low role loss, self disclosure is related to psychological well-being of the elderly.

Moriyama, I.M. Problems in the Measurement of Health Status. National Center of Health Statistics. 7,2,1

Mortality rates over the past six years suggests a remarkable improvement in the health of the general population. Most significant declines in the death rate

have been in younger ages especially infants, which seems to indicate that there is a need for a more realistic type index. One possible index would utilize disability data and demographic characteristics of a population. The question arises of whether to use positive or negative health statistics. There must be a specific definition of health before a final decision can be made as to the type of index needed.

Muller, C. Income and the Receipt of Medical Care. 1,2
American Journal of Public Health, 1965, 55, 510-521.

This article presents in some detail the sources and uses of medical care among the poor. Current methods of hospital treatment for the poor are described as inadequate. The low income families are not receiving quality care from hospitals which are their primary source of medical assistance. The author calls for a greater national commitment to medical care programs for the poor.

Navarro, Vincent, "The Political Economy of Medical Care: An Explanation, Nature, and Functions of the Present Health Sector in the U.S.", International Journal of Health Services, Vol. 5, No. 1, 1975, pp. 65-94. (A modified version of this has appeared in the Bulletin of the New York Academy of Medicine.) 1,2

Proposed is a theory that the economic structure of the United States determines the social class structure which in turn influences the health sector. The influences of this class structure determines the functions and nature of the health sector. The paper describes the class structure, the importance of state intervention and the characteristics of the U.S. economy.

Needles, R.J. Functional Illness-Medical Enigma. J.A.M.A. 1954, 156, 6, 585-589. 5,4,2, 6

Physicians must become more familiar with the nature of emotional illness. However, it is up to society to help funnel displaced individuals back into the mainstream of life. The problem of functional disorders has increased to a point where physicians can no longer be expected to cure all such sickness. Society as a whole must actively fight to help eliminate emotional disability.

Nelson, B.K. Study Indicates Which Patients Nurses Don't Like: The Unpleasant, the Long Term, the Mentally Ill, the Hypochondriacs, and the Dying. Modern Hospital, 1973, 119, 70-72. 5,4,3

Very few nurses receive any pleasure from actual nursing, but if the patients were easy to get along with

and had a good sense of humor, then the nurses had a more enjoyable time at work. The patients with a neutral personality are often ignored. Nurses have very little sympathy for patients which they dislike.

Nemiah, J.C. Introduction to the Discussion on Doctor/Patient Relationship. Knokke, 1970, 18, 103-116. 5,3

The author discusses the function of the doctor-patient relationship, and how it can be taught. There are different type relationships depending on the intensity of the illness. One possible method of teaching this relationship is the use of training groups which enables the student to obtain knowledge of his reactions on other people.

Newhouse, J.P. Toward a Theory of Nonprofit Institutions: An Economic Model of a Hospital. American Economic Review, 1970, 60, 64-74. 1,2,3

Lately the private non-profit institutions have grown to levels of great importance. The paper develops a model of the hospital and how it functions in the business world. The author is mainly concerned with the economic efficiency of the hospital. A major question is the quantity of health services demanded by the public.

Nicholls, M. Quality Control in Patient Care. American Journal of Nursing, 1974, 74, 456-459. 7,2,1,3

The nursing profession wants quality control when caring for the patient. Quality control will be a method ensuring that the nursing care meets the objectives of the patient. By means of informational feedback and performance standards, an appropriate control system can be devised.

Niederman, J., & Paul, J. The Home Visit as a Teaching Exercise: A Clinical Concept. Journal of Medical Education, 1958, 33, 29-35. 8,2,1,6

In many medical schools curriculum, the visit to the home has become part of the schools clinical experience. The student accompanied by a physician learns diagnosis; immediate therapy and prognosis and other exercises in clinical medicine while visiting the home.

Olson, M. Comparison of Head Nurse and Staff Nurse Attitudes Towards Various Aspects of Nursing Care. Nursing Research, 1968, 17, 349-352. 5,2,1

Determination if enough time is spent on caring for patients and what attitudes nurses had towards patients. Included in this study were:
1) Attitudes of head nurses and staff nurses.
2) The effect of level of assignment on agreement in attitudes.
The results of the study show there was an agreement among all the nurses regardless of the level of assignment.

Ort, R.S., Ford, A.B., Liske, R.E. The doctor-patient described by physicians and medical students. Journal of Health and Human Behavior, 1964, 25-34. 5,3

A sentence completion form is used to look at the doctor/patient relationship and satisfactions/dissatisfactions with it.

It was found that doctors derive great satisfaction from personal affiliation with patients, they also enjoy gratitude for their help and care. Most dissatisfaction are based on lack of control, ungrateful and unwilling/ uncooperative patients.

Osborne, J. Characteristics of Hospital Utilization in Canada. American Journal of Public Health, 1965, 55, 446-452. 2,1,3, 6

Data was collected by sex, age, and diagnosis (average length of stay). Canadians have higher utilization rates because the chronically ill care is provided in the hospital insurance.

This insurance program has no limitations on age or length of stay as long as the patient is receiving the care that is needed.

Palmer, J.W. Staff-Patient Communications in a Chest Hospital. Clinical Epidemology and Social Medicine. 1966, 20, 195-201. 5,4,3

A study was done by interviewing patients to determine the quality of staff-patient communications in the hospital. Items that were asked were:
1) If the patient was told enough about his illness in terms of treatment and prognosis.
2) If the patients sought information by asking the doctor more information.
3) If the patients wanted to be told more about their illness.
4) If the patient thought the hospital was helpful for seeking information.

Through the research, the results showed the higher the patients social class, the more information he wanted to know about his illness.

Parker, S. Personality Factors Among Medical Students as Related to Their Predisposition to View the Patient as a "Whole Man." Journal of Medical Education, 1958, 33, 736-744. 5,3,8

The personality characteristics among students and how they feel the patient should be viewed. The medical students have specific attitudes toward psychiatrists which can be accounted for by personality configurations. The study concluded that students will relate toward their patients problems in particular ways due to their attitudes on psychiatry.

Parkes, C.M. Communication and Cancer - A Social Psychiatrist's View. Soc. Sci. and Med., 1974, 8, 189-190. 5,3,2 6

If a patient has cancer do not break the news abruptly if the patient is unprepared. This may bring on uncontrollable anxiety or intolerable depression. The manner to break the news should be tactfully done by allowing the patient and spouse to prepare themselves for the changes that will occur in their lifestyles, the doctor should try to create a situation for the patient showing him how to live without fearing death.

Parsons, H. Man-Machine System Experiments. Presented to the Institute for Defense Analyses Communication Studies, 1974. 3,2

Intercommunication between media, languages, individuals, and party-line arrangements.

The findings are 1) that subjects preferred the media of the telephone rather than face-to-face for negotiations. 2) Their was a difference between telephone and written negotiations. The written were more rigid due to taking more time. 3) The party line telephone call was very successful for meetings. 4) When two people are speaking different foreign languages to one another the use of an interpreter is quite feasible with very few errors in interpretation.

Peitchinis, J.A. Therapeutic Effectiveness of Counseling by Nursing Personnel. Nursing Research, 1972, 21, 138-148. 2

Registered nurses lack the qualities of empathy, lack training experience to understand patient behavior, and lack warmth, which are all essential in aiding therapeutic effectiveness in counseling. The study also found out that nurses tend to make quick inaccurate judgments of the patients complaints and relieve the pain by unnecessary medicine.

Pflanz, M. Relations Between Social Scientists, Physicians and Medical Organizations in Health Research. Social Science and Medicine, 1975, 9, 7-13. 5,4

The need for more autonomy of social sciences in medical organizations is stressed. The relationship between sociologists and physicians with respect to theory, practical organization and scientific policy is presented.

Pierce, L.M. Usefulness of a Systems Approach for Problem Conceptualization and Investigation. Ns. Research, 21, 509-513. 1,2

In the past twenty years, problems have begun to be looked at as existing and interacting within a system - by the sciences. The article attempts to define the new concept of system classification of systems and communication within systems. A patient-care model within a system is given.

Plaja, A.O., Cohen, L.M., Samora, J. Communication Between Physicians and Patients in Outpatient Clinics, MMFQ, 1968, 46, 161-213. 5,3,1, 2

The importance of patients ability to communicate symptoms and doctors to communicate instructions is stressed. Research was conducted on the social class and vocabulary differences between doctors and patients.'

Pollack, S. Changes in attitudes of medical students toward psychological aspects of the doctor-image and the doctor-patient relationship. Journal of Medical Education, 1965, 40, 1162-1165. 5,3,8

A research experiment conducted on 4 groups of medical students to see what their attitudes were towards being a doctor. Throughout their education, their attitudes remained the same except that freshmen thought medical fees were unfair to patients whereas seniors did not.

Rabin, D.L. International Comparisons of Medical Care. MMFQ, 1972, 50, 3, 1-97. 1,2,7

A comparison of personal health services provided to diverse populations. Measurable differences and similarities operate in the patterns of health services in different countries and settings, involving variations in the organization, financing and use of medical care.

Ramshaw, W., Latuis, V., Collins, D., & Feinstein, A. The Use of a Computer for Data Management in Large-Scale Long-Term Cooperative Studies. Journal of Chronical Disorders, 1973, 26, 201-217. 7,1

Describes in detail the specific methods and forms used for obtaining and storing data in a digital computer and the formats of the computer reports.

Raymond, S. Criteria in the Choice of a Computer System: 1. The computer in theory. Journal of The American Medical Association, 1974, 228, 591-594.

The author examines what medical needs should be served by a computer. Doctors wish to have a complete and systematic presentation of information for patient care, as well as research. The computer should not be relied upon to make decisions, but only to provide information such as clinical lab results.

Reader, G., Pratt, L., & Mudd, M. What Patients Expect From Their Doctors. Modern Hospitals, 1957, 89, 88-94. 5,3

Description of what attributes patients feel make a good doctor. Findings are based on an intensive study of 50 patient-physician relationships at a large city clinic. Also explored are patients' attitudes towards their illnesses and how they thought they'd be treated.

Regan, L. Physician and Patient. The Journal of the American Medical Association, 1955, 158, 255-257. 5,7

Warning to physicians against possible situations where the physician is accused of malpractice. Stress is placed on having a good relationship between patient and doctor, as well as conscientious work.

Reichsman, F., Browning, F., & Hinshaw, J. Observations of Undergraduate Clinical Teaching in Action. Journal of Medical Education, 1964, 39, 147-163. 8

Examples of teaching methods and patient-doctor-medical-student relationships are presented and analyzed. How teachers dealt with poor student performance, and whether or not the students are being sufficiently challenged is also discussed.

Rich, T., & Kalmanson, G. Attitudes of Medical Residents Toward the Dying Patient in a General Hospital. Postgraduate Medicine, 1966, 40, A127-130. 5,8,3

Description of reactions to terminal illness experienced by first year residents in a general hospital. Doctors are found to be divided into 3 categories (1) those who told the patient of his illness (death), (2) those who told only the patient's family and (3) those who avoided the subject. Emphasis is placed on giving the physician a good understanding of his own emotional reactions to death, so that he will be better able to deal with the patient afflicted with a terminal disease.

Rickelman, B. Bio-psycho-Social Linguistics. Nursing Research, 1971, 20, 398-403. 5,3,8

Emphasizes observation of the nurse-patient relationship, with use of non-verbal types of clues to guide a nurse's actions. Also explored are patient reactions to nurses, when provided with non verbal clues, and hints to the nurse as to how to communicate with the patients.

Rittelmeyer, L.F. Teaching the Family Physician's Approach, as Built Around General Practitioners. Journal of the American Medical Association, 1956, 161, 705-707. 8

Description of a program to teach students to be a general practitioner by putting a family under his care for one year. A year is spent getting to know the family previous to his becoming their doctor. Emphasis is placed on total family medical care, continuity of doctor-patient relationships, and the attitude of the doctor towards his patients and practice.

Roberts, C. Blueprint For Improved Physician-Patient Relations. The Journal of the American Medical Association, 1952, 149, 1194-1196. 5,3

Modern doctors are becoming less personally involved with their patients than in the past. A sympathetic, personal approach is recommended for good doctor-patient relationships. Examples and suggestions for good practice are presented.

Rockoff, M. Interactions Between Medical Students and Nursing Personnel. Journal of Medical Education, 1973, 48, 725-731. 8,5,3

The role of a medical student during his clinical years, particularly his interaction with other personnel, is discussed. Feelings of isolation and poor training are the results of the assumption that medical students somehow become good doctors by merely being placed in a hospital setting. This paper suggests proposals for solutions to problems such as these.

Roemer, R. Legal Systems Regulating Health Personnel: A Comparative Analysis. Milbank Memorial Fund Quarterly, 1968, 46, 431-472. 2

Licensing procedures for medical personnel in seven countries are presented and compared. Control of quality is of three types - government, educational institutions, and professional associations. The demand for top quality health services is high, and the laws regulating health

personnel may be a resource to encourage production and distribution of medical manpower.

Roemer, M.I. and Elling, R.H. Sociological Research on Medical Care. Journal of Health and Human Behavior. 1969, 49-68. 4,2

An indepth study of the social structure as it relates to medicine, and the development of social research on medical care.

Roemer, M.I. "Government's Role in American Medicine: A Brief Historical Survey", Bulletin of the History of Medicine, 18:146-168, July 1945.

Distrust of centralized government has been one of the greatest influences on the medical field. A look is taken at health care in the colonial times and the development of public health services. Different types of medical insurance are also discussed.

Rose, A. The Passage of Legislation: The Politics of Financing Medical Care for the Aging, The Power Structure, 400-443. 1,2

There were many arguments in the government over the Forand Bill which provides medical health care for the aged. Many other bills were also debated and fought on this subject. Finally in 1965 the Medicare Bill was passed. The public and Congress regarded the battle over Medicare a victory.

Rosen, R. Occupational Role Innovators And Sex Role Attitudes. Journal of Medical Education, 1974, 49, 554-561. 3,4,5

With the evolution of the feminist movement, there have been some changes in the attitudes of men and women regarding maternity: whether or not it is an essential and central part of the female role. Even though women in medicine may not have entered the field because of feminist values, many support a number of women's rights. Differences between the attitudes of female and male, student and faculty members in medical schools are presented and compared.

Rosenblatt, D., & Suchman, E.A. Awareness of Physician's Social Status Within An Urban Community. Journal of Health and Human Behavior, 1966, 7, 146-153. 5,4,3

Exploration of one method of how a lay-person evaluates a physician by apparent social status. The environment in which the physician is found has much to do with how likely a person is to go to him for care. Its suggested that

public clinics, in order to attract as much of the skeptical public as possible, be properly "packaged" to appeal to those of whom evidence of social standing is important.

Rosenfeld, L.S. and Rosenfeld, I. "National Health Planning in the United States: Prospects and Portents", International Journal of Health Services, Vol. 5, No. 3, 1975. 1,2

Discussion of the National Health Planning and Resources Development Act of 1974. A discussion of the problem of public apathy and a need for greater public concern is expressed.

Rubin, R. A Theory of Clinical Nursing. Nursing Research, 1968, 17, 210-212. 4,8,7

The study of nursing should be the study of the patient. A conceptual model of nursing is presented and discussed. Examples and applications are drawn from the field of maternity nursing..

Samora, J., Saunders, L., Larson, R. Medical Vocabulary Knowledge Among Hospital Patients. Journal of Health and Human Behavior, 1961, 2, 83-92. 3

A study of patient knowledge of medical vocabulary. 50 common medical terms and the percentages of correct responses and degrees of incorrect responses are presented. Much dissatisfaction felt by patients results from lack of communication between physician and patient. Misunderstanding and not understanding on the part of the patient is due to vocabulary deficiency and an attempt should be made by the physician to correct this.

Saward, E.W., Greenlick, M.R. Health Policy and the HMO. 117-176. 1,2

The reforming of medical education to change and shorten the medical curriculum, the creation of a "specialty" of primary family practice & the genesis of new health professionals are all attempts to ameliorate the effects of past made policy decisions. Prepaid group practice has been assessed - Kaiser membership-satisfaction-financially and better care.

Schaefer, J. The Interrelatedness of Decision Making and the Nursing Process. American Journal of Nursing, 1974, 74, 1852-1855. 5,3

A nurse must first have the authority to make decisions, and also be able to correlate information

effectively to do a good job. The most significant participant in the process is the client, as any decision ultimately affects him. Constant evaluation of the situation and the decision making process itself is necessary for good judgement.

Scheff, T.J. Decision Rules, Types of Errors, and Their Consequence in Medical Diagnosis. University of Wisconsin, 1957.

Discussion focuses on norms for handling uncertainty in medical diagnosis. Decision roles and physician biases as well as psychiatric complications are presented.

Schwartz, D.A. Integration of Hospital and Community Mental Health Services On A County and Regional Basis. American Journal of Public Health, 1965, 55, 873-878.

Results on two surveys contrasting state and locally administered mental health care are presented. Development of programs to integrate hospital and community health services and financial considerations are discussed.

Schwartz, J. Consumer Sponsorship and Physician Sponsorship of Prepaid Group Practice Health Plans: Some Similarities and Differences. American Journal of Public Health, 1965, 55, 94-99.

Participation of consumers and physicians in administration capacity of prepaid health plans. The benefits and services of this type of organization are compared.

Seligmann, A.W., McGrath, N.E., Pratt, L. Level of Medical Information Among Clinic Patients. Journal of Chronic Disorders, 1957, 6, 497-509. 5,3

A questionnaire measuring medical misconceptions of lay-people was administered to a group of medical outpatients. This study is a step in an attempt to improve patient-doctor communication. Most patients are poorly informed, with inadequate knowledge of their disease, and this lack should be taken into consideration when planning for their care. Ways must be devised to educate them to a better understanding for optimal medical care.

Seubold, Frank H. "HMOs - The View from the Program", Public Health Reports, March-April 1975, pp. 99-103. 1,2

The author feels the HMO program is off to a good start as funding regulations have been set. In the article itself, definitions of an HMO are presented including

advantages and methods of implementation. Most of the major national health insurance bills which are before Congress contain some mention of the HMO as a means of quality health care service. The HMO is not a complete answer, but it is a solid foundation

Shader, R., & Levine, F. Technical reports: Staff-Patient Interaction Patterns and Opinions About Mental Illness. Social Science and Medicine, 1969, 3, 101-103.

Nursing staff attitudes toward patients and how the attitudes effect the behavior of patients are examined.

Sigmund, Robert M. "Health Planning", Milbank Memorial Fund Quarterly, January, 1968, Part 2, pp. 91-117. 1,2

Discussion of basic principles of planning for institutional and community health care. Existing shortcomings of health institutions are solution for solving these problems in communicational planning are presented.

Silver, G.A. Family Practice: Resuscitation or Reform? Journal of the American Medical Association, 1963, 185, 118-121. 4,2,8

Discussion of the need for reforms that will restore and preserve medical care and whether reforms are valuable enough to retain the family practitioner as a deliverer of health care.

Skipper, J.K., Ellison, M.D. Personal Contact as a Technique for Increasing Questionnaire Returns from Hospitalized Patients After Discharge. Journal of Health and Human Behavior, 1966, 7, 211-214. 5,3

This article looks at the aspects of personal, 1:1 contact with discharged patients as a means of gaining greater response with returns of questionnaires, used in medical, professional research.

Slaughter, D. Clinical Clerkships for Sophomore Medical Students. Journal of the Association of American Medical Colleges, 1949, 24, 193-199. 8

Educational possibilities of using sophomore medical student as clinical clerkships in South Dakota, to help students determine their interest, enthusiasm and knowledge in real-life situations.

Sletten, I.W. Using an Automated Data System for Planning and Delivery of Services. Hospital and Community Psychiatry, 1974, 25, 83-85.

The use of computerized data - processing system in this article is discussed with respect to its use in diagnosis and treatment of the mentally ill. The use is viewed in two ways. One in the collection and sorting of actual patient data from mental institutions. And secondly as a tool used by professionals to organize data about specific individuals in an institution, that can be helpful in treatment and administrative operations.

Slocum, J., Susman, G., & Sheridan, J. An Analysis of Need Satisfaction and Job Performance Among Professional and Paraprofessional Hospital Personnel. Nursing Research, 1972, 21: 338-341. 5

Views of the psychological aspect of need satisfaction as proposed by Maslow, with respect to job performance among nurses as a sampling of the professional and paraprofessional hospital personnel. The article examines the motivational rewards received and perceived of and by personnel.

Snoke, P., & Weinerman, E.R. Comprehensive Care Programs in University Medical Centers. Journal of Medical Education, 1965, 40, 625-657. 8

Specialization and fragmentation in the education of medical students is examined. Proposed, is a specially organized family health care unit to be used in medical education.

Somers, Herman M. "Health and Public Policy", Inquiry, Vol. XIII, June 1975, pp. 87-96. 1,2

This article advises the use of a comprehensive national health insurance and reasons that a larger amount of money should be spent on health promotion and prevention. The need for a national health policy is stressed.

Spiegel, A. Educating Patients, Having Patience and Testing New Approaches. Medical Times, 1964, 92, 969-974. 8,1

Updated methods of communication are needed to educate the population of information pertaining to personal health care. Problems have arisen when using mass communication channels: personalized teaching with the mass media is emphasized.

Spitzer, W.O. The Small General Hospital. Milbank Memorial Fund Quarterly, 1970, 48, 413-448. 1,2

The problems of inefficiency plague the operations of small, general hospital. The author points to the problems of specialization and lack of integration of the administration of health care as the major inefficiency. Several solutions are discussed in detail.

Starmer, C., Rosati, R., & McNeer, F. Data Bank Use in Management of Chronic Disease. Computers and Biomedical Research, 1974, 7, 111-116. 1,2,7

A model of decision-making in the health care system is discussed with respect to the use of data-processing systems and the treatment and clinical administration of chronically ill patients. The article focuses on the use of data banks as an aid to treatment for physicians.

Stephens, L. Staff Communications on the Medical and Surgical Services: A Research Note. Journal of Health and Social, 1967, 8, 148-153. 3

The purpose of this research compares two studies of informal, verbal communication patterns among staff of two large, traditionally hierarchical structured hospitals. It focuses specifically at the horizontal communications between the professional, administrative and non-professional groups within the respective staffs.

Sterling, T., Pollack, S., & Spencer, W. The Use of an Information System to 'Humanize' Procedures in Rehabilitation Hospital. International Journal of Bio-Medical Computing, 1973, 5, 51-57. 5,3

1 Machines can get in the way of interactions between humans, especially in institutional settings. This article tries to show ways an information system in a rehabilitation hospital can be used with humanizing effect.

Strauss, A.L. Medical Organization, Medical Care and Lower Income Groups. Soc. Sci. & Med., 1969, 3, 143-177. 1,2

An in-depth look at the inequalities that exist in America with respect to medical care of its citizens. Dealing with the problems of medical organization and how this affects the quality and quantity of medical treatment lower-income groups receive in the U.S.

Straus, R. Planning a University Medical Center for the Student and the Patient. Journal of Health and Human Behavior. 1964, 36-43. 1,2,8, 5

Discussion of the effort made by the University of Kentucky to build the most effective and efficient medical center possible. By visiting other medical schools and talking with experts, the U. of Kentucky was able to iron out traditional problems with medical centers and provide the most optimal conditions for the student to learn and work in, as well as patients to be treated in.

Strickler, M., Bassin, E., Malbin, V., & Jacobson, G. 3,1,5
The Community-Based Walk-In Center: A New Resource for Groups Underrepresented in Out-Patient Treatment Facilities. American Journal of Public Health, 1965, 55, 377-384.

There are many difficulties arising today from the structure of mental health treatment facilities. This traditional structuring has limited psychiatric help to most lower-class sections of community where help is needed on short-term, non-selective basis. This article discusses the use of community walk-in centers as a means of combatting some of these inherited difficulties in psychiatric facilities.

Stokes, J., Blodgett, F., & Rutstein, D. An Experiment in the Teaching of Family Medicine. Journal of Medical Education, 1963, 38, 539-546. 8,7

An in-depth description and analysis of a program devised in 1953 by the faculty of medicine at Harvard University. The program is a Family Health Program where junior and senior medical students were assigned the care of at least one family during the latter part of their clinical instruction. The program developers wanted to see if this experience would enhance the students' education and subsequent practice.

Taylor, J.A., Shelby, J.L. The Information Determinants of Satisfaction: A Path Analytic Approach to the Effects of Source Variations on Perception. Presented to the Annual Meeting of the Association for Education of Journalism, Ottawa, Canada, 1975. 7,5,1,2

The information determinants of satisfaction. A path analytic approach to the effects of source variations on perception. Presented to the annual meeting of the Association for Education of Journalism, Ottawa, Canada, 1975.

Terris, M. Crisis and Change in America's Health System. AJPH, 1973, 63, 313-318. 1,2

A crisis in the health system of America has been noted and a change in the present system is necessary. National health insurance and group practice repayment are two suggested methods. Each are discussed, as are alternatives, costs and arguments.

Thibodaux, T., Russell, W., Gigliotti, G., & Lamson, B. Computer-Based Information System. Journal of American Health Association, 1973, 47, 51-56. 1,2

Discussion of the positive aspects of using a computer-based information system within the administration of a hospital; as use in dealing with financial management, use of computers solving financial information system headaches.

Thorne, F.C. Training the Student in Medical Psychology. Journal of Medical Education, 1972, 27, 253-257. 8,2,5

Review of a new and revised curriculum, for a 16-hour introductory course in medical psychology for freshmen medical students at the University of Vermont. The medical college has been reorganized to place more emphasis on the basic science data and methods of modern experimental and clinical psychology. This outline is the presentation of the revised curriculum. It also explains the historical background, course outline, teaching program, special student needs and a suggested course outline.

Tring, F.C., & Hayes-Allen, M.C. Understanding and Misunderstanding of Some Medical Terms. British Journal of Medical Education, 1973, 7, 53-59. 5,3

A quantitative view of the differences of interpretation of some commonly used medical terms between professional and non-professionals. Through the evaluation and analysis of results from a multiple choice questionnaire, the researchers are trying to discover misunderstanding that could be alleviated in communications between doctor-patient.

Valadez, A.M., & Anderson, E.T. Rehabilitation Workshops, Change in Attitudes of Nurses. Nursing Research, 1972, 21, 132-137. 5,1,2,3

Concerned with the effect a learning experience exerts on the nurse, thereby influencing her beliefs and attitudes. The purpose of this study was to investigate the effect of a rehabilitation nursing workshop on registered nurses' attitudes toward their roles in the rehabilitative nursing care of patients with long-term illness. It included the purpose, method, procedure, instrument and results of the experiment (the statistical analysis revealed a significant positive change in attitude in all areas with the exception of the role of the nurse in providing psychological-emotional support.

VanBrunt, E., Davis, L.S., Terdiman, J.F., Singer, S., Besag, E., & Collen, M.F. Current Status of a Medical Information System. Methods of Information in Medicine, 1970, 9, 149-160. 1.2,7

Explanation of the use of a computer (MIS) medical information system. This system would prevent errors, and information cost. It is a system which has limited categories of patient data, which will enable the support of one million people and one thousand physicians.

Veron, E., & Sluzki, C. Communication and Neurosis: Semantic Components in Neurotic Verbal Communications. Social Science and Medicine, 1970, 4, 75-94. 5,3

A study of communicational modalities in neurotic patients. Explanation of the types of methods used by analysis of the verbal communications which has found significant differences among the hysteric, phobic and obsessive patients.

Vincent, P. Factors Influencing Patient Noncompliance: A Theoretical Approach. Nursing Research, 1971, 20, 509-516. 5

Examines and analyzes variations in the behaviors of conforming and nonconforming medically diagnosed individuals, with reference to the sick role construct.

Weinerman, E.R. Yale Studies in Ambulatory Medical Care. IV. Outpatient-Clinic Services in the Teaching Hospital. The New England Journal of Medicine, 1965, 272, 947-954. 1,2,7

The identification and analyzing of ambulation care in teaching hospitals are expressed. The problems that have occurred are related to the fragmentation of both organization and patient care and the inadequacy of financing of outpatient programs. They reached a conclusion that the recognition of new program models and changing needs will enable the ambulatory service to achieve its full potential for medial care and teaching of high quality.

Westerfield, W.W. Biochemistry in Medical Education. Journal of Medical Education, 1953, 28, 26-30. 2,8

The importance of research to the world of today to train and experiment with new ideas for further advancement.

White, Kerr L. "International Comparisons of Medical Care", Scientific American, August, 1975, pp. 17-25. 5,3

When trying to set up health care systems for populations around the world, it is important to look for common traits in different areas. Twelve areas in the world are studied to see what comparisons can be drawn.

White, K.L. and Murnaghan. "Health Care Policy Formation: Analysis, Information and Research", International Journal of Health Services, Vol. 3, No. 1, 1973, pp. 81-91. 2,1,7

In order to have successful health care policy formation three criteria should be examined: (a) careful analysis of different policies to assist in decision-making, (b) accurate information which helps to provide insights into health problems, and (c) research to foster new developments. It is also important that the main goal is to achieve the needs of the people.

White, M.B. Importance of Selected Nursing Activities. Nursing Research, 1972, 21, 4-14. 5,3

Research done in 3 medical metropolitan hospitals to test nurses professional care in their activities. The four areas of patient care are as follows: 1) physical care in response to physiological needs, 2) psychosocial aspects of care, 3) observing reporting and implementing medical care and 4) preparing for discharge. The patients revealed that physical care was more important compared to the nurses who felt that psychosocial care was more important. The study concludes that more research is needed to complete data on nursing activities.

Whittington, H.G. Community Mental Health Services in Kansas: Personal Value System and Mental Health Administration. American Journal of Public Health, 1965, 55, 33-37. 1,2,5

The article explains how professionally trained personnel must be recruited and trained in Kansas. The programs are based on ideas. The administrator brings to his task a characteristic group of experiences, attitudes, emotional sets, and ideational constructs. The remainder of the program is based on his personal view and leadership qualities his background has as being a person with concepts of people. So far this approach has worked out very well.

Williams, J.I., Bishop, F.M., Hennen, B.K.E. & Johnson, T.W. The Teaching of Behavioral Sciences in the Family Medicine Residency Programs in Canada and in the United States. Social Science and Medicine, 1974, 8, 565-574. 4,5

Discussion of the rule of behavioral sciences in the residency programs and their potential impact on family medicine.

Wise, H.B., Levin, L.S., & Kurahara, R.T. Community Development and Health Education: I. Community Organization as a Health Tactic. Milbank Memorial Fund Quarterly, 1968, 46, 329-339. 1,2

Description of how the neighborhood medical care demonstration sets out to meet the demands of the community. Researchers found that involvement of local residents is a major factor in the successful operation of a community. health center.

Yanowitz, F., & Fozzard, H.A. A Medical Information System for the Coronary Care Unit. Archives of Internal Medicine, 1974, 134, 93-100. 1,2,7

The CCU is a computerized file system (Cardiac Care Unit) using the slack interactive system. This has provided better patient care while at the same time, generating a computer-based data file for medical audit and for clinical research.

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